THE NATIONAL ARCHIVES

CERT. NO. 740036

PENSIONER: Rachel

Widow OF

VETERAN: Charles F Kindig

58397

BUNDLE NO: 9

Lowry Ex'r.

No. 65-2340

Act of June 27, 1890.

June 28-92. Atty Co.
E. Bd, Bloomsburg, Pa.

Charles F. Kindig,

P. O. Van Camp,
Columbia Co., Pa.

Service: Pvt. F-203 Pa. Inf.
C-178 Pa. Inf.

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Jul 30 , 1890.

Alleges:

Any other Claim filed: 65-2340

Numerical No. 229697

PA.

OHIO.

MICH.

Attorney: J. B. Kralle + Co.

P. O. Atty

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

BOARD OF REVIEW MAR 1892

M.

No.

Lowry [3—216.]

~~A. S. PENSION~~ Ex'r. INVALID.

No. 652,340

Acts of July 14, 1862, and March 3, 1873.

Nov. 6-14-88

Issued 12/5/88 ~~U.S. Service~~

~~Ord. & Bord~~ Danville, Pa

Charles F. Kindig

P. O. Van Camp

Columbia Co Pa

Service: Pvt F 203 Pa Inf

a 178 Pa Inf

Enlisted: Sep 7, 1864.

Discharged: June 22, 1865.

Application filed: Apr 24, 1888.

Alleges: Chr. Diarr

14/35

Re-enlisted:

Oct. 22/88. Attys for original & cont. Ch. diarr. Pa. N.C.

Mar. 20/93 attys S. & Co for orig. and cont.

OHIO.

MICH.

Attorney: Stoddart & Co

P. O. Wash DC

No.

Recognized. Contract.

Cert. of Dis. Searched for , 18

(1095—12,000.)

(3–230.)

INVALID. (Series Act of June 27, 1890)

Cert. No. 855509

Name, Charles F. Kindig

Rank, Pvt; Service, Co. F. 203 Pa Vol Inf

Agency. Original Roll: Philadelphia

Transf'd ....., 18....., to .....

" ....., 18....., to .....

Issue. Class Orig Fee, $ 12

Entered

Issued April 17, 1893

Mailed " 12, 1897

Rate and Period, $ 8, from July 30, 1890

Deductions: .....

Disability Rheumatism & disease of heart and piles

Issue. Class Inc. Fee, $ Pay Atty

Entered D

Issued D Jany 10, 1901

Mailed " 16, 1901

Rate and Period, $ 10, from June 27, 1900

Deductions: .....

Disability: Partial inability to obtain support by manual labor.

Issue. Class Inc Fee, $ 2

Entered 3

Issued July 11, 1904

Mailed " 23, 1904

Rate and Period, $ 12, from May 2, 1904

Deductions: ACT JUNE 27, 1890.

Disability: .....

Issue. Class ..... Fee, $ .....

Entered

Issued ....., 18.....

Mailed ....., 18.....

Rate and Period, $....., from....., 18.....

Deductions: .....

Disability: .....

INDORSEMENTS.

Mar 27/96 Inc act of June 27/90

Rep. Letter to Cl. K & all Orders &

Cir. Letter to cot W. L. Inc. 8/31/3

3—852

824

Briggs Ex'r. ✓ DEPENDENT.

A/178
F/203

No. 974265

Act of

4

Notified Nov. 7, 1911

Attorney dead,
O.F.D.

Rachel Kindig.
Forks.
Columbia Co. Pa.
Wid.
Charles F. Kindig.

Service A 178 Pa. Inf.
F 203 Pa. Inf.

Died Oct. 22. 1911.

other claim.

P.C. 855509 O-F-A

Nov 6, 1911 RJ
Clerk.

Application filed: Oct. 31. 1911.

Attorney: Glunt.

P. O.

Cert. of Dis. Searched for , 19

6—1359

Files no action
Atty advised
Repeats & why no
files no rob bal.
O.F.D.

NOV 8 - 1911 19 ... DEAD.

Pension Agent

advised 4c

DROPPED

19 ...

3—730.

INVALID

Cert. No. 855509

Name, Charles F. Kindig

Rank, Pvt.; Service, Co. F, 203. Pa Vol. Inft.

Agency: Original Roll: Phila

Transf'd ..., 1 , to

" ..., 1 , to

4 Issue. Class Sick Fee, $

Issued May 20-1907

Mailed " 21 "

Rate and period, $ 20 , from Feb. 20. 1907.

Deductions: 0

Disability: a

Entered

Issue. Class Fee, $

Issued DEAD.

Mailed

Rate and Period, $, from

Pension Pension

Order issued Apr. 6" 1912

(Pen. Ctf. not filed

Payable to Widow

Deductions

Entered Disability:

Issue. Class Fee, $

Issued

Mailed

Rate and period, $, from

Deductions:

Entered Disability:

Issue. Class Fee, $

Issued

Mailed

Rate and Period, $, from

Deductions:

Entered Disability: See Md - 740.036

INDORSEMENTS.

3-732

Cert. No. 740036

of April 19, 1908.

Rachel

Widow of

Charles T. Kindig

Rank Pvt.

Company F

Regiment 203d Pa. Vol. Inf.

Rate per Month $ 12

Commencing Oct. 31, 1911

Ending

Phila Agency.

Issued Apr. 6, 1912, 19 .

Mailed , 19 .

DEAD

Wife allowed to
Pension 8-3.

DROPPED
NOV 18 1916
FINANCE
W

DECLARATION FOR ORIGINAL INVALID PENSION.

TO BE EXECUTED BEFORE A COURT OF RECORD OR SOME OFFICER THEREOF HAVING CUSTODY OF ITS SEAL.

State of Pa
Columbia County } SS.

On this 21st day of April, A. D. one thousand eight hundred and eighty-eight personally appeared before me, Prothonotary of the Common Pleas Court, a court of record within and for the County and State aforesaid, Charles F. Kreidig aged Dy years, a resident of the of Van Camps, county of Columbia, State of Pa, who, being duly sworn according to law, declares that he is the identical Chas F. Kreidig who was ENROLLED on the 7 day of Sept, 1864, in Company "I" of the 203 Regiment of Pa commanded by Capt Cook and was honorably DISCHARGED at Raleigh N. C. on the 22 day of June, 1865; that his personal description is as follows: Age, 57 years; height 5 feet 8 inches; complexion, dark; hair, dark; eyes, Gray. That while a member of the organization aforesaid, in the service and in the line of his duty at line from of Richmond, in the State of Va on or about the 10th day of November, 1864, he Contracted Chronic Diar-

Here state name or nature of disease, or the location of wound or injury. If disabled by

rhoea from which he still suffers.

disease, state fully its causes; if by wound or injury, the precise manner in which received.

That he was treated in hospitals as follows: —

Here state the names or numbers, and the localities of all hospitals in which treated, and the dates of treatment.

That he has not been employed in the military or naval service otherwise than as stated above Stated

Here state what the service was, whether prior or subsequent to that stated above, and the dates which it began and ended.

That since leaving the service this applicant has resided in the Township of Fishing creek Columbia Co. in the State of Pennsylvania, and his occupation has been that of a Hammer

That prior to his entry into the service above named he was a man of good, sound, physical health, being when enrolled a Hammer That he is now greatly disabled from obtaining his subsistence by manual labor by reason of his injuries, above described, received in the service of the United States; and he therefore makes this declaration for the purpose of being placed on the invalid pension roll of the United States.

He hereby appoints, with full power of substitution and revocation, **Stoddart & Co.,** of Washington, D. C., his true and lawful attorneys to prosecute his claim. That he has not received nor applied for a Pension. That his POST OFFICE ADDRESS is Van Camps county of Cole State of Pa

Charles F. Kreidig

Claimant's signature, Charles F. Kreidig

ATTEST.....

Also personally appeared Frederick Hartman, residing at Vandalia, Columbia Co Pa
and J. A. Hartman, residing at same place, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Charles H. Keudig, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

F. Hartman

J. G. Hartman

(Signature of Witnesses.)

Sworn to and subscribed before me this 21st day of June, A. D. 1888, and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ..... erased, and the words ..... added; that I have no interest, direct or indirect, in the prosecution of this claim.

[SEAL.]

Jno. H. Snyder

(Signature.)

Prothy

(Official Character.)

INVALID.

CLAIM FOR PENSION

ORIGINAL.

Chas. H. Keudy Applicant,

Co. F 203 Reg't

Penn Vols.

Enlisted Aug. 7, 1863.

Discharged June 27, 1865.

FILED BY

STODDART & CO.,

SOLICITORS,

WASHINGTON, D. C.

The claimant's identity must be proven by two witnesses, certified by the judicial officer to be respectable and credible, who are present and witness the signature of the declarant, and certify to his identity under oath or affirmation.

Declarations and other papers should be as legible and clear in statement as possible.

Where any evidence is already on file in any Department of the Government, a definite description of and specific reference to it will render it available in any subsequent claim.

The POST OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Pension Office or the pension agents, should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

This form of Fee Contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the Act of Congress, approved July 4, 1884

To be executed in duplicate without additional cost to the claimant.

:o:

ARTICLES OF AGREEMENT.

WHEREAS I, Charles F. Kendig late a Pvt in Company F of the 203 Regiment of Pa Volunteers, war of 1861 having made application for pension under the laws of the United States:

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agents, STODDART & CO., of Washington, D. C., the fee of TWENTY-FIVE dollars, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agent, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to them in accordance with the provisions of sections 4768 and 4769 of the Revised Statutes, U. S.

J. G. Hartman
G. M. Zuck
(Signatures of Witnesses.)

Charles F. Kendig
(Signature of Claimant.)
VanCamp Columbia Co Pa
(Post Office Address.)

State of Pennsylvania, **County of** Columbia, **ss:**

BE IT KNOWN, That on this, the 26th day of April, A. D. 188 8, personally appeared Charles F. Kendig, the above-named, who, after having had read over to him in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L.S.]

Wm H Snyder
[Official Character.]
Prothy

AND NOW, to wit, this 29 day of April, A. D. 188 8 we accept the provisions contained in the foregoing articles of agreement, and will to the best of our ability, endeavor faithfully to represent the interest of the claimant in the premises, and we hereby certify that we have received from the claimant above-named the sum of no dollars, and no more; no dollars being for fee, and the sum of no dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefore.

Witness our hand the year and day above written.

Stoddart & Greene
(Signature of Agent.)
Armat Stoddart

District of Columbia, County of Washington, ss:

Personally came ARMAT STODDART, whom I know as a member of the firm of STODDART & CO., and who having signed the above acceptance of agreement, acknowledged the same to be his free act and deed.

[L.S.]

Official Signature.

APPROVED for ..... dollars and payable to STODDART & CO., of Washington, D. C. the recognized attorneys.

Commissioner of Pensions.

NOTICE TO CLAIMANTS.

THIS CONTRACT IS PERMISSIBLE UNDER THE LAW, BUT NOT COMPULSORY.

.o:.

READ THE FOLLOWING COPY OF THE STATUTE.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled * * * *

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding $25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of $10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows:

"SEC. 4786. The agent or attorney of record in the prosecution of the case *may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be* $10 *and no more.*

And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of a new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension-rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them; *Provided*, That no greater fee than $10 shall be demanded, received, or allowed in any claim for pension or bounty land granted by special act of Congress nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed; *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of $10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding $500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED JULY 4, 1884.

No. .....

Agreement For Fees

Mrs. A. Kuehn .....

.....

.....

.....

Co. F ..... 193 Regt. Penn ..... Vols

FOR

Widow's Accrued ..... Pension

WITH

STODDART & CO.

—FILED BY—

Stoddart & Co.,

ATTORNEYS.

WASHINGTON, D. C.

PENSION OFFICE
JAN 24 1888

This form of Fee Contract is prescribed by the Commissioner of Pensions and approved by the Secretary of the Interior July 8, 1884, under the provisions of the Act of Congress, approved July 4, 1884

To be executed in duplicate without additional cost to the claimant.

:o:

ARTICLES OF AGREEMENT.

WHEREAS I, Charles F Kendig late a Pvt in Company G of the 203 Regiment of Pa Volunteers, war of 1861 having made application for pension under the laws of the United States:

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my agents, STODDART & CO., of Washington, D. C., the fee of TWENTY-FIVE dollars, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by or payable to my said agent, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and that the same shall be paid to them in accordance with the provisions of sections 4768 and 4769 of the Revised Statutes, U. S.

T G Hartman
G. M. Zimmerman
(Signatures of Witnesses.)

Charles F. Kendig
(Signature of Claimant.)
Van Camp P.O. Columbia Co. Pa.
(Post Office Address.)

State of Penna, County of Columbia, ss:

BE IT KNOWN, That on this, the 21st day of April, A. D. 188 8, personally appeared Charles F. Kendig, the above-named, who, after having had read over to him in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement, voluntarily signed and acknowledged the same to be his free act and deed.

[L.S.] Wm H Snyder Prothy
(Official Character.)

AND NOW, to wit, this 23 day of April A. D. 188 8 we accept the provisions contained in the foregoing articles of agreement, and will to the best of our ability, endeavor faithfully to represent the interest of the claimant in the premises, and we hereby certify that we have received from the claimant above-named the sum of no dollars, and no more; no dollars being for fee, and the sum of no dollars being for postage and other expenses. And that these agreements have been executed in duplicate without additional cost to the claimant, as required by law, in excess of the fee above-named, the said agent making no charge therefore.

Witness our hand the year and day above written.

Stoddart & Co
(Signature of Agent.)
Armat Stoddart

District of Columbia, County of Washington, ss:

Personally came ARMAT STODDART, whom I know as a member of the firm of STODDART & CO., and who having signed the above acceptance of agreement, acknowledged the same to be his free act and deed.

[L.S.]
Official Signature.

APPROVED for ..... dollars and payable to STODDART & CO., of Washington, D. C. the recognized attorneys.

Commissioner of Pensions.

NOTICE TO CLAIMANTS.

THIS CONTRACT IS PERMISSIBLE UNDER THE LAW, BUT NOT COMPULSORY.

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Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled * * * * *

SEC. 3. That section 4785 of the Revised Statutes is hereby re-enacted and amended so as to read as follows:

"SEC. 4785. No agent or attorney or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding $25; nor shall such agent, attorney, or other person demand or receive such compensation, in whole or in part, until such pension or bounty-land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of $10, or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

SEC. 4. That section 4786 of the Revised Statutes is hereby amended so as to read as follows:

"SEC. 4786. The agent or attorney of record in the prosecution of the case *may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be* $10 *and no more.*

And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of a new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension-rolls on testimony taken by a special examiner, showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in cases of dependent relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the ground of non-dependence, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them; *Provided*, That no greater fee than $10 shall be demanded, received, or allowed in any claim for pension or bounty land granted by special act of Congress nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed; *And provided further*, That no fee shall be demanded, received, or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or of increase of pension may be allowed."

And if in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of $10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding $500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED JULY 4, 1884.

No. .....

Agreement For Fees

John F. Hawley .....

....

....

Co. F 2nd Reg. Regt. Vols

FOR

Original Invalid ..... Pension

WITH

STODDART & CO.

—FILED BY—

Stoddart & Co.,

ATTORNEYS.

WASHINGTON, D. C.

PENSION OFFICE APR 23 1888

COMP' OLD LAW CLAIM.

(3-217.)

INCREASE.

Claim to

No. 853 509

C F Kendig

P. O.,

County,

ABANDONED.

State, Pa

Application filed, April 24, 1888

State Service, F 203 Pa

May 2/96 - Clerk for test of Surg
Dr J McCown Devt - & for
Neighbors ob D - to proceed

Disability, deafness

Attorney,

P. O.,

County, , *State,*

(Order 10 — 100 M.)

Mid Div

GWK (3—100.)

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., June 25, 1888.

Mr. Charles F Kindig

late a Private

Co. "F", 203 Regiment Pa Vol Inf

an applicant for Orig

Invalid Pension, No. 652,340

on account of disability from

Chronic diarrhoea

has been directed to report himself to you.

Very respectfully,

JOHN C. BLACK,

Commissioner.

Dr. Philip B Neubaker Surg

Danville

Co. Montour Pa

N. B.—Read the inside of this circular before examining a claimant.

Examined Sept. 12th 1888

(12487—100 M.)

(EXAMINING SURGEON'S VOUCHER.)

(3—100.

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as "to require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.

2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade.*

3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade.*

4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears, so that subject is compelled to use artificial aid.

5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.

6. When disability falls below above-named grades, the ground of comparison should be anchylosis of wrist or ankle, and disabilities should be rated accordingly.

7. When disability is *greater* than that caused by anchylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.

8. The *Third* is the only grade subject to fractional divisions.

9. The lowest degree of disability pensionable is $\frac{1}{8}$.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—This Circular *must be returned to this Bureau with your certificate of examination,* accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."

[o 6-001]

Gen'l Ex'r.

Department of the Interior,

No. 652 340

Charles F Kindig
Pri Co "F" 203 Pa Vol Inf

BUREAU OF PENSIONS,

June 25, 1888.

SIR:

I have the honor to request that you will furnish from the records of the War Department a full Report as to the service, disability, and hospital treatment of Charles F. Kindig, who, it is claimed, enlisted Sept 7, 1864, and served as Private in Co. "F", 203 Reg't Pa Vol Inf; also in Co. .....

and was discharged at Raleigh NC, June 22, 1865.

While serving in Co. "F", 203 Reg't Pa Vol Inf he was disabled by chronic diarrhoea, in front of Richmond, Va, about Nov 1, 1864

also .....

and was treated in hospitals of which the names, location, and dates of treatment are as follows:

none alleged

Very respectfully,

John C Black,
Commissioner

The Adjutant General, U. S. Army.

(10451–75 M.) o 6-002.

131
25

652.340

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, July 16, 1888.

Respectfully returned to the Commissioner of Pensions.

Charles Kindsey Pvt. of Company "F",
203d Regiment Penna. Volunteers, was enrolled on the
7th day of Sept., 1864, at Scranton Pa. for mexp.
and is reported: on rolls from enrollment to April 30th
1865 present. M. O. Roll of Co. dated June 22d 65
at Raleigh N.C. reports him Pvt. mustered out
that date as place. Return for Nov. 64 reports
him absent at Deep Bottom per S.O. 175. 10th A.C.
Name also borne as Charles F. Kindig.
Regimental Hospt Records Prior to Dec. 3d. 64
not on file.
Records of this Office furnish no evidence of
disability.

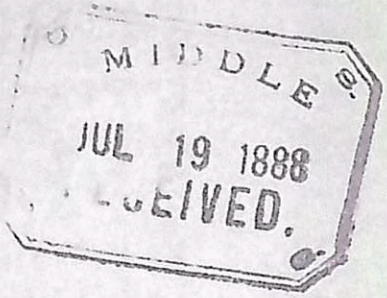
R. C. DRUM,
Adjutant General.

By

c 3-019.

(2.)

V
1,31
25



7

Mid Division.

FIRST CALL

On Adjutant General, U. S. A.

Claim No. 652340

Charles F Kindig

Pri "F" 203 Pa Vol Inf

June 25/88

(No. 111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Army Pension Claim No. 652.340.

Name and rank of claimant. Charles F. Kindig, Rank, Pvt.

Company F, 203 Reg't Pa. Vol. Inf. Danville Montour Co. Pa. State,

Claimant's post office address. Van Camp Columbia Co. Pa. (Post office address of the Board.) Sept 12th, 1888. (Date of examination.)

We hereby certify that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability. Chronic diarrhoea.

If a pensioner, fill in the amount; if not, erase the whole line. ~~and that he receives a pension of ..... dollars per month.~~

Pulse rate per minute, 104; respiration, 24; temperature, 99°; height, 5 feet 7½ inches; weight, 132 pounds; age, 57 years.

He makes the following statement upon which he bases his claim for† Original

Here give the claimant's statement as briefly and as compactly as possible. In Dec. 1864 at Chapin's farm Va he contracted Chronic diarrhoea and he has been troubled with it more or less ever since and whenever he has the diarrhoea he is troubled with piles which bleed. He has been working at his trade (Carpenter) at lowered wages and sometimes is unable to work at all for several years past

Upon examination we find the following objective conditions: Tongue is clean and pharynx slightly congested. Ausculation and

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. percussion indicate the lungs to be healthy. Hearts action is frequent irritable and intermittent irregularly. Liver and Splen are not enlarged. Rectum is slightly relaxed and anus surrounded with 3 hemorrhoidal tumors about the size of a filbert; they are not ulcerated or bleeding. Abdomen is slightly retracted at the upper border and a little prominent and tympanitic below. Complexion is florid and nutrition slightly impaired.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a ½ rating for the disability caused by Chronic Diarrhoea and results for that caused by ....., and ..... caused by .....

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

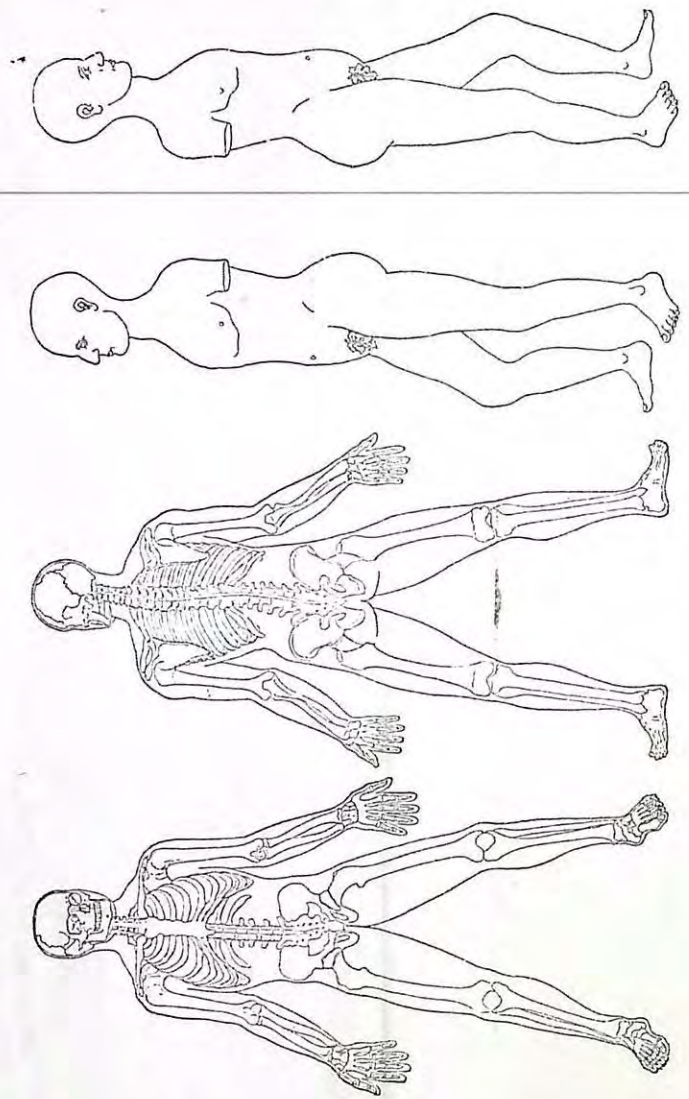
* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

R. B. Livingston, Pres. P. L. Neubaker, Sec'y. James Oplen, Treas.

N. B.- Always forward a certificate of examination whether a disability is found to exist or not

(9626—100,000.)



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

RECEIVED OCT 10 1888 PENSION BUREAU

SURGEON'S CERTIFICATE

IN CASE OF

Charles H. Hudgins

MIDDLE DIVISION. EXAMINER. OCT 1888

Co. F., 203 Reg't Pa Vol Inf

Applicant for Original

No. 652340

17

DATE OF EXAMINATION:

Sept 12th, 188 .

R S Simmington, Pres.,
R C Newbaker, Sec'y,
James Ripley, Treas., } BOARD.

Post office, Danville

County, Montour

State, Penna

P. S. Write your Post-Office address plainly and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

1. EXAMINER'S BRIEF.

Application filed, April 2nd 1865.

Causes alleged, Ch. diarrhoea.

2d application filed, ..., 18 .

Causes alleged, ...

3d application filed ....., 18 .

Causes alleged, ...

Comments on application as to formality and validity OK.

Attorney, Stoddart & Co.

P. O. address, City.

Date of brief, June 25 - 92.

Lowry, *Examiner.*

2. RECORD EVIDENCE.

WAR DEPARTMENT RECORD.

Received ....., 18 .

MILITARY RECORD.

Enlisted, ..., 18 .

Discharged, ..., 18 .

Re-enlisted, Sept. 7, 1864.

Discharged, June 22, 1865.

Absent, —

HOSPITAL RECORD.

None.

CERTIFICATE OF DISABILITY.

None.

MEDICAL EXAMINATIONS.

1st. Date, Sept. 12, 1865, rate $ 4—

Condition, 4/5 disa. rec.

2d. Date, ..., 18 , rate $ .....

Condition, ...

Date, June 25 92 Lowry, *Ex'r.*

3. CALLS FOR EVIDENCE.

1st call, Oct. 22, 1865.

Nature of call, Virginia Court.

Lowry, *Examiner.*

Answer filed ....., 18 .

Nature of answer .....

Examiner.

2d call, ..., 18 .

Nature of call, ...

Examiner.

Answer filed, ..., 18 .

Nature of answer, ...

Examiner.

6—883

OFFICE OF

STODDART & CO.,

615 7th Street, N.W.

WASHINGTON, D. C., Nov 27 1889

HON. James J. Edwards

Washington, D. C.

Sir:

Relative to claim for Dep'l Inv *Pension No.* 652340

of Chas F. Kendig

late of

Co. F. 203 *Reg't* Penn *Vols.*

We have the honor to state that we have called for the evidence required by your letter of Oct 22/88, and are now waiting for the same; we notify you of this for our own protection, and in order that it may be seen that we are attending to the interest of our clients, and are not neglecting the case.

Very respectfully,

STODDART & CO.,

Attorneys.

That section forty seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

SEC. 4745.— Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person authorized by the Commissioner of Pensions, or the pensioner to receive the same shall be guilty of a misdemeanor; and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

ACT OF JUNE 27, 1890.

PENSION DEPARTMENT OF

Edward F. Tinkle

Pittsburgh Quartermaster's

Office

Witness: [illegible]

[illegible]

Clerk.

Act of JUNE 27, 1890.

DECLARATION FOR INVALID PENSION.

☞ Under Act of July 1, 1890, this application may be executed before a Clerk of Court, or before a Notary Public, or any officer authorized to administer oaths who uses a seal. It may also be executed before any officer who does not use a seal; but in such a case the certificate of a Clerk of Court *must be attached* to the paper, showing the official character of the executing officer. A general certificate on file in the Pension Office will not answer.

STATE OF Penna. }
COUNTY OF Columbia. } ss.

On this 26th day of July, A. D., one thousand eight hundred and ninety..... personally appeared before me, ...A Notary Public... of the.....~~Court; a court~~ of record within and for the county and State aforesaid, Charles F. Kendig (Claimant's name here) aged 58 (Age.) years, a resident of Fishingcreek (Place of residence here.) county of Columbia (Name of county here.) State of Penna (Name of state here) who, being duly sworn according to law, declares that he is the identical Charles F. Kendig (Claimant's name here) who was Enrolled on the 7th day of Sept (Month here) 1864 (Year) in as a Private in Co F 203rd Regt Pa Inf Vol (Here state rank, company and regiment in Military service, or vessel if in the Navy.) And in Co "K" 17th Regt

in the **War of the Rebellion** and served at least **ninety days,** and was **Honorably Discharged** at Raleigh N.C. (Place of discharge here) on the 22nd day of June (Month) 1865 (Year)

That he is Partially (Partially or Wholly.) unable to earn a support by reason of Chronic Diarrhea Piles and Rheumatism (Here name the diseases or injuries from which disabled.)

That said disabilities are not due to vicious habits, and are to the best of his knowledge and belief ***permanent.*** That he has (or has not) applied for pension under application No. 652.340 (If you have applied for pension state No. of claim here.) That he is (or is not) a pensioner under Certificate No. (If a pensioner the Certificate number only need be given.)

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the **Act of JUNE 27, 1890.**

He hereby appoints **J. B. CRALLE & CO, U. S. Pension Attorneys, Cralle Building, 108 C Street, N. W., Washington, D. C.,** his true and lawful attorneys to prosecute his claim; and he hereby agrees to allow said attorneys the lawful fee of Ten Dollars for their services when his pension is allowed.

That his Post Office address is Danville (Claimant's P. O. address here) county of Columbia (Name of county) State of Penna (Name of state)

Charles F Kindig (Claimant's Signature.)

Attest J. M. Kline (1st witness sign here)
John G. Allegar (2d witness sign here)

Also personally appeared J. M. Kline (Name of first witness.) residing at Buena Vista Co. Va.

and John W. Rogers (Name of second witness.) residing at New Columbus Sig. Co. Va.

persons whom I certify to be respectable and entitled to credit and who, being by me duly sworn, say they were present and saw Charles F. Kendig (Claimants Name Here) the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 15 years and 15 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

J. M. Kline

John W. Rogers

(Signatures of witnesses.)

Sworn to and subscribed before me this 25 day of July A. D. 1890.

and I hereby certify that the contents of the above declaration, &c., were fully made known

(L. S.) and explained to the applicant and witnesses before swearing, including the words .... erased, and the words.... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Samuel S. Kasey

(Signature.)

Notary Public

(Official Character.)

Act. - 10 - 23 - 90

Dec. O, 62, 340 Mo Vol

22897

Declaration for Invalid Pension.

Act of JUNE 27, 1890.

Name Charles F. Kendig

Rank Pvt. Co. F 13th Reg't Va. Vol's.

PENSION AGENCY U. S. JUL 30 1890

FILED BY

J. B. CRALLE & CO.

U. S. PENSION ATTORNEYS,

Cralle Building, 108 C Street, N. W.

WASHINGTON, D. C.

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION.

The act of JUNE, 1890, REQUIRES: An honorable discharge (but the certificate need not be filed unless called for.)

A service of not less than ninety days.

A permanent physical or mental disability not due to vicious habits. (It need not have originated in the service.)

The rates under the act are graded from $6 to $12 proportioned to the degree of inability to earn a support and are not affected by the rank held.

A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made application.

☞ Under act of July 1, 1890, all applications for pensions may be executed before a Clerk of Court, Notary Public, or any officer authorized to administer oaths who uses a seal, or who will have the certificate of a Clerk of Court attached to the application, showing his official character.

Circular Call No. 7.
(3—100.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Dec 5, 1890.

Mr. Chas. F. Kindig

late a Cpt.

Co. F, 203rd Regiment Pa. Vol.

an applicant for Orig.

Invalid Pension, No. 652340

on account of disability from

chronic diarrhoea, piles, and rheumatism

Act. June 27- 1890

has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,
Commissioner.

Dr. John J. Brown
Bloomsburgh
Co. Columbia Pa

N. B.—Read the inside of this circular before examining a claimant.

(855—100 M.)

C—001

Failed to report within specified time J.B.Brown
4/22/91
Secy

(EXAMINING SURGEON'S VOUCHER.)

(3—100.)

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.

2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade.*

3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade.*

4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.

5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.

6. When disability falls below above-named grades, the ground of comparison should be anchylosis of wrist or ankle, and disabilities should be rated accordingly.

7. When disability is *greater* than that caused by anchylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.

8. The *Third* is the only grade subject to fractional divisions.

9. The lowest degree of disability pensionable is ¼.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—This Circular *must be returned to this Bureau with your certificate of examination*, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."

6—001

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL OR MENTAL DISABILITY.

Act of June 27, 1890.

IMPORTANT.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement.

State of Penna, County of Luzerne, ss:

In the matter of the application for pension of Charles F. Kinsley

On this 5th day of December A. D., 1890, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths E. F. Kamsley M.D. aged 52 years, a resident of Town Hill in the County of Luzerne and State of Pa whose Postoffice address is Town Hill Luzerne Co Pa and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

Instructions! Read Carefully.

The physician making a statement on this blank should state *fully* and *explicitly* all the disabilities of a permanent character, either mental or physical, from which the claimant is now suffering, and to what extent, in his opinion, the claimant is disabled by reason of said disabilities for the performance of manual labor (hard work), whether ¼, ½, ¾, or entirely, as the case may be.

He should also *particularly* state that the disabilities are not due to vicious habits, if, as a matter of fact, they are not.

The Claimant - Charles F. Kinsley is afflicted with Chronic Diarrhoea, Rheumatism, and Hemorrhoids or Piles, he suffers very much with pains in the muscles of the back upper and lower extremities, and Hemorrhage from the rectum, depending upon Piles the Diarrhoea troubles him very much, he is in a weak nervous condition and unfit for manual labor one half of the time, his disabilities are not due to vicious habits.

SCRANTON PA. DEC 15 1890

He further declares that he has practiced medicine 24 years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

E. F. Kennedy M.D.
(Affiant's Signature.)

Sworn to and subscribed before me, this 6th day of December, A. D., 1890, and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, etc., were fully made known to him before swearing, including the words ..... erased, and the words ..... added, and that I have no interest, either direct or indirect, in the prosecution of this claim.

P. C. Nadsworth
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

I, ... Clerk of the County Court in and for aforesaid County and State, do certify that ..... Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing ..... in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ..... 189 .

[L. S.] Clerk of the .....

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

ACT OF JUNE 27, 1890.

PHYSICIAN'S AFFIDAVIT.

CLAIM OF

Late Private Co. "F" 2nd Reg't. Ill. Vols.

FOR

ORIGINAL INVALID PENSION.

No. 452,340

FILED BY

J. B. Cralle & Co.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C ST., N. W., WASHINGTON, D. C.

Act of June 27, 1890.
NEIGHBORS' AFFIDAVIT.

State of Pennsylvania, County of Luzerne, ss:

In the matter of the application for pension of Charles F. Kinsling

On this 9 day of Dec A. D., 1890, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths Wilbur C. Pennington aged 39 years, a resident of Fishing creek in the County of Columbia and State of Pennsylvania whose Postoffice address is Van Camp

and Jacob M. Wenner aged 44 years, a resident of Fishing creek in the County of Columbia and State of Pennsylvania whose Postoffice address is Van Camp well known to me to be reputable and entitled to credit, and who, being duly sworn, declare in relation to aforesaid case as follows:

That They have been well and personally acquainted with Charles F. Kinsling for 20 years, and 30 years, respectively, and that They are near neighbors see him every few days. They farthers state that they know said Charles F. Kinsling That they know he is unable to perform and manual labor more than one half his time his disabilities are namely Chronic Diarrhoea, Piles and Rupture Rupture bilateral

Jacob M. Wenner
Wilbur C. Pennington

We also know Charles F. Kinsling to be a sober man and his associates did not assemble through vicious habits

Wilbur C. Pennington
J. M. Wenner

Important!

1st. State your occupations and that of the claimant; how near you reside to him, and how often you see him, and whether or not you have ever employed him, worked with him, or for him.

2d. State all physical or mental disabilities of a permanent character from which the claimant now suffers; describe the symptoms of his disabilities, and just how he is affected thereby, and state how you know him to be suffering from them, and to what extent you consider him disabled for performing manual labor (hard work) by reason of said disabilities, whether ¼, ½, ¾, or entirely, as the case may be.

3d. Also state, without fail, that the claimant's disabilities are not due to vicious habits, if, as a matter of fact, they are not.

They further declare that they have no interest in said case; not concerned in its prosecution.

Minnie Crossley
Elizabeth Mann
(If Affiants sign by mark, two persons who can write, sign here.)

William C. Dennis x his mark
Jacob M. Wanner
(Signature of Affiants.)

NOTE.—The witnesses, if not themselves equal to the task of drawing the affidavits, should go to some Notary Public, Justice of the Peace, or other officer or competent person and have the blank filled out and properly executed.

State of Pennsylvania, County of Luzerne, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words ——— erased, and the words ——— added, and acquainted them with its contents before they executed the same. I further certify that I am nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that they are credible person.

Clark Callender
(Official Signature.)
Notary Public
(Official Character.)

[L. S.]

I, ——— Clerk of the County Court in and for aforesaid County and State, do certify that ——— Esq., who hath signed his name to the foregoing declaration and affidavit, was at the time of so doing ——— in and for said County and State duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ——— day of ——— 189 .

———
Clerk of the ———

[L. S.]

PENSION OFFICE
27
1890

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes.

ACT OF JUNE 27, 1890.

Neighbors' Affidavit.

CLAIM OF

Late ——— Co. ——— Reg't.

of ——— Vols.

FOR

ORIGINAL INVALID PENSION.

No. 652 344

FILED BY

J. B. Cralle & Co.,
U. S. Claim Attorneys
CRALLE BUILDING,
108 C St., N. W., WASHINGTON, D. C.

OFFICE OF
STODDART & CO.,
615 7th Street, N.W.

WASHINGTON, D. C., Jan 17 1891

HON. Green B. Raum
Washington, D. C.

Sir:

Relative to claim for
Invalid *Pension No.* 652340
of Charles F. Kendig
late of
Co. F 203 *Reg't* Pa *Vols.*

We have the honor to state that we have called for the evidence required by your letter of ——, and are now waiting for the same; we notify you of this for our own protection, and in order that it may be seen that we are attending to the interest of our clients, and are not neglecting the case.

STODDART & CO.
Filed.
JAN 17 1891
WASHINGTON, D. C.

Very respectfully,
STODDART & CO.,
Attorneys.

Act of June 27. 1890.

May 18" 189/

Charles F. Kendig

Soldier's Name.

Co. "F." 203 Reg't Pa. Inft. Vols.

& Co. "A." 178 " " " "

No. of Case 652.340

CHARACTER OF CLAIM.

Original Pension

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir:

We are aware of the fact that frequent and unnecessary calls for status of claims tends to embarrass the administration of the affairs of your Bureau, and results in no practical advantage to our clients, and is without beneficial effects to ourselves.

We therefore do not request information when not needed, and we trust that the status of the claim described by this letter will be furnished us without delay.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

CLAIMANT'S AFFIDAVIT.

State of Pennsylvania, County of Columbia

On this 23rd day of May A. D., 189/, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths Charles F. King aged 52 years, late Sergt. Co. "F" 203 Reg't. of Penna Vols., applicant for Original Pension No. 655,340 a resident of Van Camp County of Columbia State of Penna whose Postoffice address is Ft. Jervis and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he claims pension under the NEW LAW on the following disabilities:

FIRST Chronic Diarrhoea (Name first disability.) contracted at or near Richmond (Name the place.)
State of Virginia (Name the State.) on or about the month of September (State day, month, or season of year.) year of 1864 (State the year.)
Under the following circumstances: being on Camp Guard duty

SECOND Piles (Name second disability.) contracted at or near at the same place (Name the place.)
State of Virginia (Name the State.) on or about October 27th (State day, month, or season of year.) year of 1864 (State the year.)
Under the following circumstances: being in an engagement with the enemy

THIRD Lumbago (Name third disability.) contracted at or near Raleigh (Name the place.)
State of North Carolina (Name the State.) on or about the month of March (State day, month, or season of year.) year of 1865 (State the year.)
Under the following circumstances: Marching after Genl. Johnson

FOURTH (Name fourth disability.) contracted at or near (Name the place.)
State of North Carolina (Name the State.) on or about (State day, month, or season of year.) year of (State the year.)
Under the following circumstances:

That he rendered military and naval service as follows Soldiers service (State all the service rendered, whether military or naval, giving Company, Regiment and State to which the same was accredited; or, if in the Navy, the name of vessel, giving date of enlistment and discharge as near as possible. If in the service more than once, be sure to state that fact.) Co F. 203 Regiment Pennsylvania Vols. enrolled Seventh of September 1864. Discharged 22nd day of June 1865

That the date of his final discharge from the service was on the 22nd (Day.) day of June (Month.) 1865 (Year.)

That he has rendered no military or naval service otherwise than as above set forth.

If affiant signs by mark, two persons who can write sign here.

C. Hendley F. King
Signature of Affiant.

☞ Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27, 1890,) it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

State of Pennsylvania, County of Columbia, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words ..... erased, and the words ..... added, and acquainted ..... with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

David Yost
Official Signature.

[L. S.]

Justice of the Peace
Official Character.

NOTE.—This can be executed before any officer authorized to administer oaths, whether he uses a seal or not.

ACT OF JUNE 27, 1890.

ADDITIONAL EVIDENCE.

CLAIM OF

Late Private Co. "F" 11th Regt. Pa. Vols.

Character of Claim.

No.

CLAIMANT'S AFFIDAVIT as to incurrence of his Disabilities, and his Service.

FILED BY

J. B. CRALLE & CO.,

J. S. Claim Attorneys

CRALLE BUILDING,

108 C ST., N. W., WASHINGTON, D. C.

OFFICE OF
STODDART & CO.,
613-615 7th. Street, N.W.,

Washington, D. C., July 8, 1891

Hon. Green B. Raum

Sir:

Relative to Claim

Invalid Pension No 652340

of Charles F. Kendig

late of

Pvt. Co "F" 203d Reg't Pa. Vols

we have the honor to ask to be advised as to ~~condition of same and the nature of the evidence needed to complete it.~~ as to any late address of claimant that may be known to you.

Very respectfully,

STODDART & CO.,

Attorneys.

act of June 27th 1890.

September 7 189/

Charles F. Kyndig
Soldier's Name.

Co "F" 203 Reg't Pa. Infty. Vols.

No. of Case 652340

CHARACTER OF CLAIM.

Original Pension

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir:

We are aware of the fact that frequent and unnecessary calls for status of claims tends to embarrass the administration of the affairs of your Bureau, and results in no practical advantage to our clients, and is without beneficial effects to ourselves.

We therefore do not request information when not needed, and we trust that the status of the claim described by this letter will be furnished us without delay.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

Claimant's Affidavit.

State of Pennsylvania, County of Luzerne

On this 14th day of September A. D., 1891, personally appeared before me, a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths Charles T. Brady aged 66 years, late Pvt. Co. "H" 203rd Reg't. of Penna Vol. Vols., applicant for Original Pension No. 62340 a resident of Dans Chapel County of Columbia State of Pa. whose Postoffice address is Shickshinny and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he claims pension under the NEW LAW on the following disabilities:

FIRST Chronic Diarrhea (Name first disability.) contracted at or near Richmond (Name the place.)

State of Virginia (Name the State.) on or about 15th of October (State day, month, or season of year.) year of 1864 (State the year.)

Under the following circumstances: Picket duty on Chapins Farm in Virginia

SECOND Bleeding Piles (Name second disability.) contracted at or near Richmond (Name the place.)

State of Virginia (Name the State.) on or about Oct 15th (State day, month, or season of year.) year of 1864 (State the year.)

Under the following circumstances: While sick with Diarrhea

THIRD Rheumatism (Name third disability.) contracted at or near Fort Fisher (Name the place.)

State of North Carolina (Name the State.) on or about November 1st (State day, month, or season of year.) year of 1864 (State the year.)

Under the following circumstances: Exposure while on March

FOURTH (Name fourth disability.) contracted at or near (Name the place.)

State of (Name the State.) on or about (State day, month, or season of year.) year of (State the year.)

Under the following circumstances:

That he rendered military and naval service as follows: Jan 1862 served 9 Months Co A (Discharged at Harrisburg Pa July 27 1863) 178 Regt Pa Militia, Jan 1864 enlisted in Co F. 203 Pa Regt and served to the Close of the War. Discharged at Raleigh June 23rd 1865 (State all the service rendered, whether military or naval, giving Company, Regiment and State to which the same was accredited; or, if in the Navy, the name of vessel, giving date of enlistment and discharge as near as possible. If in the service more than once, be sure to state that fact.)

That the date of his final discharge from the service was on the 23 (Day.) day of June (Month.) 1865 (Year.)

That he has rendered no military or naval service otherwise than as above set forth.

witness present
D. S. Chapin

J. J. Jamison (If affiant signs by mark, two persons who can write sign here.) Charles T. Brady (Signature of Affiant.)

☞ Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27, 1890,) it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits.

ACT OF JUNE 27, 1890.

ADDITIONAL EVIDENCE.

CLAIM OF

Charles F. Kendig

Late Sgt. in Co. F 92d Reg't.

and in Co O-147th Pa Inft Vols.

Character of Claim.

Original Inv Pension

No. 652 240

CLAIMANT'S AFFIDAVIT as to incurrence of his Disabilities, ... ice.

FILED BY

J. B. CRALLE & CO.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

State of Pennsylvania, County of Lycoming, ss:

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words ..... erased, and the words ..... (illegible) and acquainted. Knew with its contents before me. He executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is a credible person, and that he is personally known to me.

Andrew Coleman

Official Signature.

[L. S.]

Justice of the Peace

Official Character.

NOTE.—This can be executed before any officer authorized to administer oaths, whether he uses a seal or not.

Act of June 27/90.

Oct. 9th. 1891.

Charles F. Kaudig.

Soldier's Name.

Co. F—203 Reg't Pa. Vol. Vols.

"A"—178" "

No. of Case 65-2940

CHARACTER OF CLAIM.

Original Pension.

Mon. Commissioner of Pensions,

Washington, D. C.:

Dear Sir:

We are aware of the fact that frequent and unnecessary calls for status of claims tends to embarrass the administration of the affairs of your Bureau, and results in no practical advantage to our clients, and is without beneficial effects to ourselves.

We therefore do not request information when not needed, and we trust that the status of the claim described by this letter will be furnished us without delay.

Attention is respectfully invited to the application filed July 22/90 and to the fact that the claim has not yet been favorably acted.

We are, sir,

your obedient servants,

J. B. CRALLE & CO.

Fishing Creek Col Co Roancampe Pa

November the 30 1891

Dear Sir I dont think I will get my pension without being exemend I was sick last winter wen I got my order and I dident understand it I thot I could be exzmin enything but I went to the Board of Doctors and he tole me I must have a nuther order I wish they would send me a nuther order and then I will tend to it at wonst

yours truly

Chas A. Kindig

18

Act June 27, 1890.

Dec 9 1891

Edward F. Kinding
Soldier's Name.

Co. F 203 Reg't Pa Inf Vols.

No. of Case 652,340

CHARACTER OF CLAIM.

Original Pension

Hon. Commissioner of Pensions,
Washington, D. C.

PENSION OFFICE DEC 10 1891

Dear Sir:

We are aware of the fact that frequent and unnecessary calls for status of claims tends to embarrass the administration of the affairs of your Bureau, and results in no practical advantage to our clients, and is without beneficial effects to ourselves.

We therefore do not request information when not needed, and we trust that the status of the claim described by this letter will be furnished us without delay.

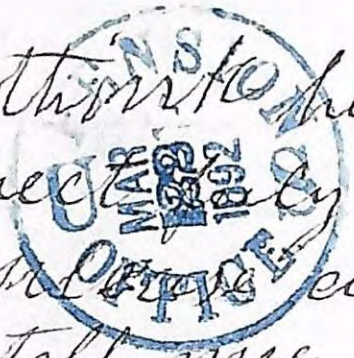
Attention is invited to claimants request for a new Examination or Rev

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

1892

Van Camp Col Co Feb the 18-

Dear Sir I dont see What is the matter With my pesion that I Cant ~~it~~ get it my Clame has bin ean all mos 2 years most all my Neighbours has got their pesion and Some of them are rich and have good farms and I am prove that Whe Cant hardly live my Back is so lame that I Cant do eny thing and I am geting old and wore out I Cant Work much eny more it would be very much obliging to me if you would give me a pension Son C. Walle is my attorney I dont know wether he tends to it or not I dont



Kindly to the close yours re
special
pd and answer the
tell me were the trouble
is Charles J. Kinsley

To WVI rem Commissione
r of pensions

post adress C. J. Kinsley,
VanCamp Ind Co pa

Act June 27, 1890.

Inch. 2-" 189 2.

Claimant's Name. Edward F. Finding

" " "

Soldier's Name.

Co. F 2d 3 Reg't Pa Inf. Vols.

A 178 " " "

No. of Case 652340

CHARACTER OF CLAIM.

Original Pension

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir:

Attention is respectfully invited to the evidence filed on Dec. 9th, 1892 and on Feb. 6th, 1893 and to the fact that we respectfully request that the Board be instructed for claimants examination at an early date.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

Inv Org 652340 ck m

Record Division.

Department of the Interior,

BUREAU OF PENSIONS,

4-5, 189 2

Respectfully returned for information to enable this Bureau to identify claim.

Please return the inclosure with this slip.

MEMORANDUM.

Claim No. ~~652,340~~

Certificate No.

Name of claimant,

Name of soldier, Charles F. Kindig

Service, Co. F, 203d Pa Regt Inf
(Company and regiment.)

Additional service, Co. A 178th Regt Pa Militia

If unable to furnish service, give names of officers of company.

Grier B Raum
Commissioner

7498 b—10 m

RECORD.

RETURN PENALTY ENVELOPE.

VANCAMP. IND. APR 9 1892

Department of the Interior,

BUREAU OF PENSIONS.

OFFICIAL BUSINESS.

Any person using this envelope to avoid the payment of postage on private matter of any kind will be subject to a fine of Three Hundred Dollars.

This envelope can only be used for reply to official communications. The address must not be changed.

The Commissioner of Pensions,

Washington, D. C.

May 1st 189

Claimant's Name.

Soldier's Name.

Co. ... Reg't ... Vols.

No. of Case ...

CHARACTER OF CLAIM.

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir:

We are, sir,
your obedient servants.
J. B. CRALLE & CO.

Invalid

CLAIM OF

O. F. Kendig

F. 203. Pa

No. 657,340

Washington, D. C.,

May 20 1892

Hon. Commissioner of Pensions:

Sir:—

Kansas

6-2402

We transmit

Evy Effort to

Secure proper

Adjustment of the

above claimant.

Very truly,

STODDART & CO.

(3—126.)

EXAMINER'S BRIEF.

SOLDIER'S CLAIM,

Under Laws prior to June 27, 1890.

Claim No. 652340.

Certificate No.

Soldier, Chas. F. Kindig.

Co. F. *203 Reg't* Pa. Inf.

Claimant. Same.

P. O. address, Van Camp, Pa.

NOTE.—This form will be used by examiners when they take up cases under laws prior to June 27, 1890. A full and legible brief will be made in each case, showing the condition of claim at examination. The brief will be dated and signed by the examiner as a guaranty of its correctness. The entries of each examiner on the brief will be accepted as correct until the claim is taken up for adjudication, when the statements in the brief shall be carefully verified.

GREEN B. RAUM,
Commissioner.

6162—60,000. 6—683

6. FACTS PROVEN, ETC.

7. CONCLUSIONS OF EXAMINER.

Claim examined, June 25, 1897,

found to await the following Orgin & Cont. & Med. Ex.

Lowry, *Examiner.*

Claim examined, ..., 18 ,

found to await the following .....

....., *Examiner.*

Claim examined, ..., 18 ,

found to await the following .....

....., *Examiner.*

Mid. Div.
Pa.

Circular Call No. 7.
(3—100.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 25, 1892.

Mr. Chas. F. Kindig
late a Pvt.
Co. F, 203 Regiment Pa. Inf.
an applicant for Orig-
Invalid Pension, No. 652340
on account of disability from
Chronic diarrhoea,
Piles,
Rheumatism,
Lumbago,

(Act of June 27-1890)
has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,
Commissioner.

Dr. J. J. Brown,
Bloomsburg,
Co. Columbia - Pa.

N. B.—Read the inside of this circular before examining a claimant.

(5400—300,000.) 3—001

(EXAMINING SURGEON'S VOUCHER.)

(3—100.)

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.

2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade.*

3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade.*

4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.

5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.

6. When disability falls below above-named grades, the ground of comparison should be anchylosis of wrist or ankle, and disabilities should be rated accordingly.

7. When disability is *greater* than that caused by anchylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.

8. The *Third* is the only grade subject to fractional divisions.

9. The lowest degree of disability pensionable is ¼.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—This Circular *must be returned to this Bureau with your certificate of examination*, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."

6—001

(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Original [State above whether for original, increase, or restoration.] Pension Claim No. 652,340

Name and rank of claimant.

Chas F. Kinsley, Rank, Pt

Company F. 203 Reg't Pa Inf | Bloomsburg Pa [Post-office address of the Board.] State,

Claimant's post-office address.

Van Camps Pa | 6 July [Date of examination.], 189 -

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz: Chr. Diarrhoea, Piles, Rheumatism - Lumbago

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of — dollars per month.

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Unable to do hard work on account of Rheumatism & Shortness of breath, Diarrhoea bad at times - Piles bad & are permanent

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 18; temperature, 98⅘; height, 5 feet 7 inches; weight, 130 pounds; age, 6 years. Rheumatism - Crepitis in both Shoulders. No arcus senilis or deformity of any joints. Heart - impulse increased at Ensiform Cartilage visible, No hypertrophy - Dyspnoea - No oedema - No cyanosis. Pulse sitting 88 Standing 108, After exercise & King 132 Systolic Mitral Murmur - Other Valves muffled. Action irregular. This heart disease is probably result of Chr Rheumatism, is permanent - May increase, it unfits him for [illegible] hard work. Disability from Rheumatism & heart disease Very Eighteenths (10/18) Chr Diarrhoea & Piles Tongue slightly coated yellowish, Liver - Skin, Spleen - Epigastrium & Abdomen Normal. Rectum - One External Pile 3/4 inch in diameter & ulcerated - tendency to bleed, Otherwise Normal - Disability from Chr Diarrhoea & Rectum, is of Rectum four Eighteenths (4/18) Except as above we find no disability - the Lumbago - is Rheumatic). No Evidence of Vicious habits.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Rate for EACH cause of disability.

. He is, in our opinion, entitled to a (10/18) rating for the disability caused by Rheumatism & heart dis, (4/18) for that caused by Chr diarrhoea & Rectum, and dis of rectum for that caused by —

Wm Aber, Pres. J. J. Brown, Sec'y. F. W. Reddeer, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(350,000.) 6—552

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Clerk F. Kunkle

Co. F, 203 Reg't Pa Inf

Applicant for Original

No. 652,340

DATE OF EXAMINATION:

6 July, 1892

Fort Mercer, Pres.,
[illegible], Sec'y,
[illegible], Treas.,
} BOARD.

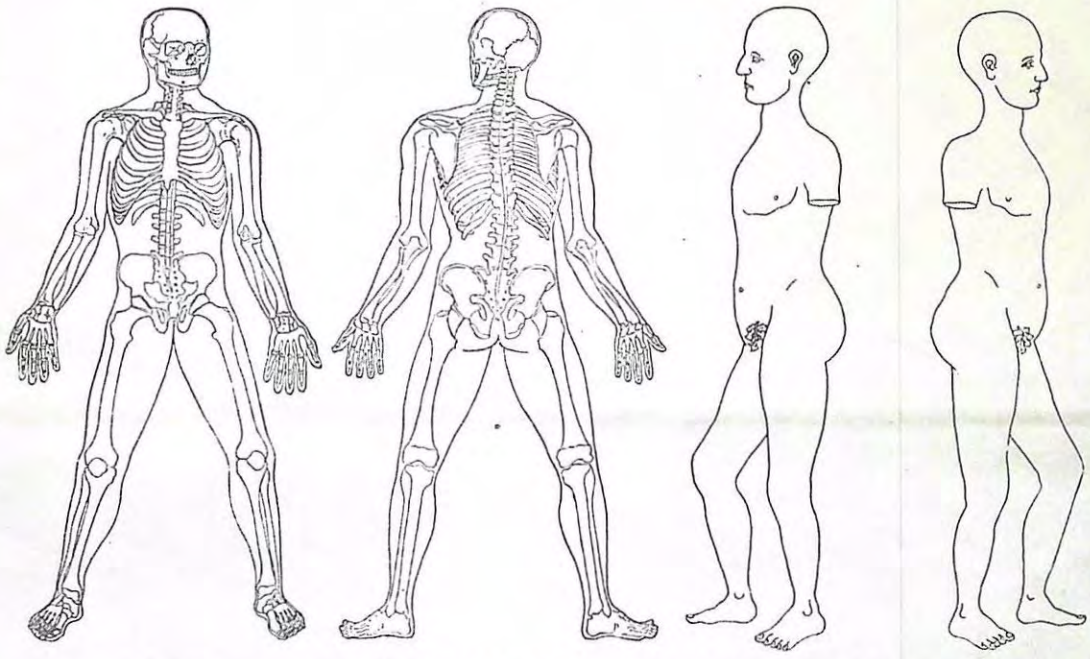
Post office, Bloomsburg

County, Columbia

State, Pa

P. S.—Write your Post-office address plainly and in full.

Harkins



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

A

Original Claim.

ACT OF JUNE 27, 1890.

—o—

July 8, 1892.

HON. COMMISSIONER OF PENSIONS:

SIR: We have the honor to request that the **Invalid Claim** described below be placed upon the list of **COMPLETED FILES.**

No. of Claim 622,340

No. of Certificate 0

Nature of Claim Orig. Invalid.
(Additional, Increase, or Restoration.)

Chas. F. Reindig

Co. "F", 203rd, Reg't

"C", 178th Pa. Inft. Vols.

1. That the declaration has been made in due form, stating the proper service of the soldier.

2. That he has served ninety days or more in the Military or Naval service of the United States during the late War of the Rebellion, and was honorably discharged therefrom, and who is now suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, which incapacitates him for the performance of manual labor in such a degree as to render him unable to earn a support.

3. That the claimant has, with the authority of the Bureau of Pensions, had a regular medical examination in respect to the disability described and claimed for in the declaration.

RECEIVED
DIVISION
B. JUL 12 1892 P.
COMPL'D FILES

We certify, upon honor, that after a careful consideration of the case we are of the opinion that the case is **COMPLETE.**

Very respectfully,

J. B. CRALLE & CO.

No. 652,340

Chas. T. Kindig
Claimant's Name.

do
Soldier's Name.

Co. F, 212 Reg't Pa. Inf. Vols.

CHARACTER OF CLAIM.

Orig. Inv. Pension
Act of June 27, 1890.
Dec. 8th 1892.

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir.

On July 8, 1892, this claim was completed by the filing of the Examination Order, and we now ask to be informed about when the claim will be reached for action in this Completed Files.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

Act June 27, 90.

No. 652340.

Chas. F. Binding
Claimant's Name.

" " "

Soldier's Name.

Co. "F" 203 Reg't Pa. Vols.

"A" 178" Pa. Inf.

CHARACTER OF CLAIM.

Original Pension.

Feb. 7, 1893.

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir:

Attention is respectfully invited to the Examination Order filed on July 8, 1892 supposed to Complete the Claim and we now request to be informed as to about when the Claim will be reached in "Completed Files" for action.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

OFFICE OF

STODDART & CO.,

615 7th Street, N.W.

WASHINGTON, D. C., July 23 1893

HON. Com of Pensions

Washington, D. C.

Sir:

Dup't Relative to claim for

Pension No. 652,340

of C. F. Kendig late of

Co. F Reg't 203 Pa Vols.

We have the honor to state that we have called for the evidence required by your letter of ———, and are now waiting for the same; we notify you of this for our own protection, and in order that it may be seen that we are attending to the interest of our clients, and are not neglecting the case.

We have made
Every effort to
find Post Office
address of
claimant.

Very respectfully,

STODDART & CO.,

Attorneys.

P. 855,509 Phila.

(3–145 a.)

Act of June 27, 1890.

Orig. Inv. # 652340

INVALID PENSION.

O. S. P.

Claimant, Charles F. Kindig

P.O., Van Camp, Columbia, Pa.

Rank, Private

County, Columbia, Pa.

Company, F

State, Pa.

Regiment, 203 Pa. Vol. Inf.

Rate, $ 8 per month, commencing July 30, 1890

Disabled by Rheumatism and disease of heart and piles.

RECOGNIZED ATTORNEY.

Name, W. P. Wralle & Co

P.O., Washington D.C.

Fee, $ 10. Agent to pay.

Articles filed, ..., 189 .

APPROVALS.

Submitted for Adm. Mar. 20, 1893 A. Tegethoff, Examiner.

Approved for G.W. admission

Curtis

Legal Reviewer.

Mch. 23 1893

Approved for Rheumatism, disease of heart and piles $8

No other disability shown LR

Barfield

March 31, 1893

Medical Referee.

apl. 7.93 Curtis

not now pensioned under other laws. Last paid to ..., 189 , at $ ...

Pensioned from ..., 18..., at $ ..., for ...

SERVICE SHOWN BY RECORD.

Enlisted Sept. 7, 1864, honorably discharged June 22, 1865

Re-enlisted not, 18..., honorably discharged ..., 18...

Declaration filed July 30, 1890, alleges permanent disability, not due to vicious habits, from Chronic diarrhoea, piles and rheumatism

6–687 (929–299,999) Claimant writes. No M. C.

March, 23, 1893.

Vancamp Col Co
Pa

Dear Sir no of Claim 662.340
What is the reason that you
dont hurry up my case
You have been giving all
the less pension around
here and i have done every
thing that you Officers
have ask of me and i
dont see Why you dont
do some thing With my
Claim i Would be Very
much pleased If you
Would give me a pension
I have been Working over
Two Years and has it
been in the hand of

Review it so let me know
I have done all i could
and if there is any thing
For me to do let me know
I am very ready and i
have been disabled for do
Any thing at Present.
I have been under the
doctor part of the time
agor i can not do
much yet i am
Enjoying much
Yours Truly

Mrs Charles Hardig

Mrs Geo B Raum
Washington Ia

K

77

ACT OF JUNE 27, 1890.

No. 855,709 Original

UNITED STATES OF AMERICA

DEPARTMENT of the INTERIOR

BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the United States Charles F. Kindig who was a Private Co. F 203rd Regiment Pennsylvania Volunteer Infantry is entitled to a pension under the provisions of the Act of June 27, 1890, at the rate of Eight ____ dollars per month to commence on the Thirtieth ____ day of July ____ one thousand eight hundred and ninety ____. This pension being for: Rheumatism and Disease of heart and piles ____

Given at the Department of the Interior this Seventeenth day of April one thousand eight hundred and ninety three and of the Independence of the United States of America the one hundred and seventeenth

Fred Bowden

Acting Secretary of the Interior.

Countersigned:

W. L. Murphy

Acting Commissioner of Pensions.

For an Increase of Invalid Pension.

UNDER ACT OF JUNE 27, 1890.

STATE OF Pennsylvania ..... } SS:
COUNTY OF Luzerne ..... }

On this 28th day of April, A. D., 1893, personally appeared before me, a Justice of the Peace within and for the County and State aforesaid Charles F. Hendrix (Claimant's name should be written here.) late Pvt Co. F 2nd Reg't. of the 203rd Reg't. of Pa Infty Vols., (Rank. Letter of Co. No. of Regt. State.) aged 67 years, a resident of the County of Columbia, State of Pa, who, being duly sworn according to law, deposes as follows, to wit:

I am a pensioner of the United States, duly enrolled at the Philadelphia pension agency, at the rate of ..... dollars per month, under Act of June 27, 1890, and my present physical condition is such that I believe I am entitled to receive an increase of pension. I am pensioned for Rheumatism, and disease of heart and Piles.

State here the disability or disabilities for which you are pensioned, just as they are written in your Pension Certificate.

I also suffer from the following disabilities for which I do not draw pension: Chronic Diarrhea and Dyspepsia

If you have any disability or disabilities for which you are not pensioned, no matter whether they were incurred in the service or since your discharge therefrom, write them on above lines.

IT IS WITH FULL POWER OF SUBSTITUTION THAT I HEREBY APPOINT J. B. CRALLE & CO., OF WASHINGTON, D. C., my true and lawful Attorneys, to prosecute my claim; and do hereby agree to allow my said attorneys the sum of $2 if they succeed in securing me an increase of my rate; but no portion of this amount is to be paid unless said attorneys are successful. My Postoffice address is Town Camp, County of Columbia, State of Pa, and the number of my Certificate is 855,509.

Attest two witnesses. { O. M. Long. / J. M. Wenner }

Charles F. Hendrix [Claimant's Signature.]

Also personally appeared O. M. Long, residing at New Columbia Pa and J. M. Wenner, residing at Duncannon Pa, persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present and saw Charles F. Hendrix, the claimant, sign his name (or make his mark) to the foregoing declaration, and that they have every reason to believe from the appearance of said claimant and from their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest, direct or indirect, in the prosecution of this claim.

Signature of Witnesses: { O. M. Long / J. M. Wenner }

Sworn to and subscribed before me this 28½ day of April, A. D. 1893, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words ..... erased, and the words ..... added, and that I have no interest, direct or indirect, in the prosecution of this claim.

D. L. Chapman
Signature.

Justice of the Peace
Official Character.

Certificate of Fees

ACT OF JUNE 27, 1890.

CLAIM FOR

INCREASE OF

INVALID PENSION.

Charles F. Reuding, Applicant.

F & A 203 & 178th.

Co. Reg't.

Pa. Inft. Volunteers.

Certificate No. 855509

PENSION OFFICE
MAY 4
1893

FILED BY

J. B. Cralle & Co.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

Ans. L. L.

5/411893

3—367.
(Old No. 3—127.)

HISTORY OF CLAIM.

Pensioner, Charles F. Kinding, Certificate No. 855.509
1st service, A-178th Pa. Vol. Inf.; enlisted, Oct. 22, 1862; discharged, July 27, 1863.
2nd service, F. 203rd Pa. Inf.; enlisted, Apl. 7, 1864; discharged, June 27, 1865.

Pensioned from July 30, 1890, at $ 8 — per month for Rheumatism-disease of heart and piles. Act June 27, 1890.
Increase rejected April 14, 1896.

Original declaration, Act of June 27, 1890 filed July 30, 1890.
alleged Rheumatism-piles & diarrhoea. Filed May 4, 1893 = Increase. pensioned causes, & ch. diarrhoea, and dyspepsia. Claim Act July 14, 1862 = Filed April 24, 1868 = ch. diarrhoea.

PENSION
MAR 23 1893
U S
BUREAU

Claimant's Affidavit.

State of Pennsylvania, County of Columbia

On this 15th day of May A. D., 1893, personally appeared before me a Justice of the Peace in and for the aforesaid County, duly authorized to administer oaths Chas. F. Kendig aged 61 years, late Pvt Co. F & A 203rd 178th Reg't. of Pa. Inft. Vols., applicant for Increase Pension No. 855509 a resident of Van Dyke County of Columbia State of Penna. whose Postoffice address is the same and well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That he claims pension under the NEW LAW on the following disabilities:

FIRST Chronic diarrhoea contracted at or near Richmond Chapin farm Va
Name first disability. Name the place.

State of Virginia on or about October year of 1864
Name the State. State day, month, or season of year. State the year.

Under the following circumstances: was sick nine weeks and have been troubled with it ever since

SECOND Dyspepsia contracted at or near Home
Name second disability. Name the place.

State of Pennsylvania on or about August year of 1871
Name the State. State day, month, or season of year. State the year.

Under the following circumstances:

THIRD ~~Name third disability.~~ contracted at or near ~~Name the place.~~

State of ~~Name the State.~~ on or about ~~State day, month, or season of year.~~ year of ~~State the year.~~

Under the following circumstances

FOURTH ~~Name fourth disability.~~ contracted at or near ~~Name the place.~~

State of ~~Name the State.~~ on or about ~~State day, month, or season of year.~~ year of ~~State the year.~~

Under the following circumstances:

~~That he rendered military and naval service as follows~~
State all the service rendered, whether military or naval, giving Company, Regiment and State to which the same was accredited; or, if in the Navy, the name of vessel, giving date of enlistment and discharge as near as possible. If in the service more than once, be sure to state that fact.

~~That the date of his final discharge from the service was on the~~ ~~day~~ ~~of~~ ~~186~~
Day. Month. Year.

~~That he has rendered no military or naval service otherwise than as above set forth.~~

Charles F Kendig

If affiant signs by mark, two persons who can write sign here.

Signature of Affiant.

Write in ALL of your Disabilities, whether Wounds, Injuries or Diseases, as under the New Law (Act of June 27, 1890,) it makes no difference whether they were incurred during your service or since your discharge, provided they are not due to vicious [bad] habits

State of Pennsylvania, County of Columbia, ss:

Sworn to and subscribed before me this 13th day of May, A. D. 1893, by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words ---------- erased, and the words ---------- added, and acquainted ---------- with its contents before ---------- executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me, and that he is a credible person.

David Yost
Official Signature.

[L. S.]

Justice of the Peace
Official Character.

NOTE.—This can be executed before any officer authorized to administer oaths, whether he uses a seal or not.

ACT OF JUNE 27, 1890.

ADDITIONAL EVIDENCE.

CLAIM OF

Charles F. Lundig

late Pvt. in Co. 2nd Regt. Pa. Cav.

of 1st " Vols.

Character of Claim.

Increase Pension

No. Cert. 337,250

CLAIMANT'S AFFIDAVIT as to incurrence of his Disabilities and his Service.

FILED BY

J. B. CRALLE & CO.,

U. S. Claim Attorneys

CRALLE BUILDING,

108 C St., N. W., WASHINGTON, D. C.

Pens. & L.

No. C.C. 855.509

Chas. F. Pendig

Claimant's Name.

Soldier's Name.

Co F No 1213 Reg't 178 Pa Inft Vols.

CHARACTER OF CLAIM.

Increase

Act June 27/90

Oct 15" 1895

Hon. Commissioner of Pensions,
Washington, D. C.:

Dear Sir: Please give us present status of case.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

OFFICE OF

STODDART & CO.,

615 7th Street, N.W.

WASHINGTON, D. C., Oct. 25 1883.

HON. Wm Lochren

Washington, D. C.

Sir:

Relative to claim for

for Inv. *Pension No.* ~~652340~~

of Charles F. Kendig

late of

Co. F *Reg't* 203d Pa *Vols.*

We have the honor to state that we have called for the evidence required by your letter &, and are now waiting for the same; we notify you of this for our own protection, and in order that it may be seen that we are attending to the interest of our clients, and are not neglecting the case.

Ex 853,309

Very respectfully,

STODDART & CO.,

Attorneys.

OFFICE OF

STODDART & CO.,

613-615 7th. Street, N.W.,

Washington, D. C. April 10 1894

Hon. Comr of Pensions

Sir: Ref 865,509

Wigl Relative to Claim

Pension No 652,340

of Chas F Kendig

late of

F. Co 203 Reg't Pa Vols.

we have the honor to ask to be advised as to condition of same and the nature of the evidence needed to complete it.

Whereabouts of

claimant unknown

hires.

Last address

Van Leaugh Pa

Very respectfully,

STODDART & CO.,

Attorneys.

RECORD DIVISION.

Department of the Interior,

BUREAU OF PENSIONS.

Briefed by M & F.

Claim No. ~~652340~~ ✓

Certificate No 855,529

Claimant ~~[illegible]~~

Soldier Charles F. Vanderg

Service F 203 Pa Inf

Additional Service ~~[illegible]~~ 1 Lt.

No. Claim, New Records .....

No. Claim, Old Records .....

Remarks .....

Chief Division.

9176 b 100 m

No. 833,509

Chas. H. Reedy

Claimant's Name.

" " "

Soldier's Name.

Co. F 178th Reg't Pa Inf. Vols.

CHARACTER OF CLAIM

Increase & Arrears

Feb 24 1899

Hon. Commissioner of Pensions,
Washington, D. C.

Dear Sir:

Attention is respectfully invited to the application filed on May 1st 1892 for pension for claimants disabilities.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

(3—378.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Nov. 26, 1894.

No. Cf. 855,509.

NAME AND ADDRESS:

~~Atty.~~, J. P., ~~Notary~~, D. L. Chapin,
Luzerne Co.,
(April 28/93.) Pa.
} Filed?

From June Nov 88

To 1 " " 93

Ex'r Frank E. Anderson, Law.

RETURN TO

Files. ~~Examiner.~~

Middle Division.

~~Section.~~

12024 b—50 m

ACT OF JUNE 27, 1890.

Circular Call No. 7.

Mid (3—100.)

L. N.

Department of the Interior,

BUREAU OF PENSIONS.

Washington, D. C., Nov. 26, 1894

Mr. Charles F. Kindig

late a Pvt.

Co. F, 203d Regiment Pa. Inf.

an applicant for Inc.

Invalid Pension, No. Ctf. 855,509.

on account of disability from

rheumatism, piles, and disease of heart. also, chronic diarrhoea and dyspepsia.

has been directed to report himself to you.

Very respectfully,

WM. LOCHREN,

Commissioner.

Dr. F. W. Redeker, Secy,

Bloomsburg

Co. Columbia = Pa.

N. B.—Read the inside of this circular before examining a claimant.

Van Camp,

6—001

Columbia Co, Pa.

ACT OF JUNE 27, 1890.

Call No. 7.

Mid Division. (3-091) Cf. No. 855,509.

L. N.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Nov. 26, *1894.*

SIR:

You are hereby directed to report yourself for medical examination to the **Board of Examining Surgeons** Dr. Rutter's office,

(St. and No.) 113 Market Street,

Town Bloomsburg,

County Columbia, State Pa.

within three months from date hereof.

The Board meets at 10 a. m. o'clock Every Wednesday in each month.

Return this slip with the date of the examination indorsed hereon by the Secretary of the Board making the same.

Very respectfully,

J. W. Lochren

Commissioner.

Claimant: Chas. F. Kindig,

P. O.: Van Camp,

Columbia Co., Pa.

Attorney J. B. Cralle & Co.,

P. O.: City.

Examination made by the Board this 19

day of Dec., 189 4

F. W. Redeker

Secretary.

(12067—200,000.) 6—564

Claimant states his post office address is Bendertown, Columbia Co. Ga.

(3—11½)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Increase [State above whether for original, increase, or restoration.] Pension Claim No. 555,509

Name and rank of claimant.

Charles F. Rindley, Rank, Pvt.

Company F. 203 Reg't Pa. Inf. | Williamsburg Pa. State,

Claimant's post-office address. Vale Summit Pa. | [Post-office address of the Board.] Dec. 19, 1894 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.

in the service, viz Rheumatism, piles & disease of heart also chronic diarrhea & dyspepsia

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of eight dollars per month.

He makes the following statement upon which he bases his claim for Increase. [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Says his heart trouble, rheumatism and piles is growing worse - heart flutters & gets weak & nervous - lame back - dyspepsia & chr. diarrhea -

Is a carpenter but has not been able to work for some time and is not able to do any hard work -

Upon examination we find the following objective conditions: Pulse rate, 108; respiration, 20; temperature, 98 3/5 height, 5 feet 7½ inches; weight, 124 pounds; age, 63 years. Rheumatism:- find crepitus in both shoulders - left elbow - both hips & knees - no enchylasis or deformity of any joint - muscles flabby - Heart: impulse visible and increased diffuse left nipple - marked systolic mitral murmur other valves normal - action irregular and violent - no hypertrophy - oedema & dyspnoea - no cyanosis - pulse sitting 108 & standing 116 after walking 138 irregular -

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

His heart disease is the result of rheumatism is permanent & may increase - it is pretty bad and unfits him for any manual labor. Piles:- skin - spleen & liver - normal - tongue coated yellow - no hypertrophied stumps - Rectum congested & haemorrhoidal vessels engorged - find one tumor 1 inch in diameter - ulcerated and bleeding - also one external tag - Diarrhea & dyspepsia:- no evidence of the same but his statement which we have no reason to doubt - Except as above all organs normal - no evidence of Nevus

. He is, in our opinion, entitled to a

Rate for EACH cause of disability.

rating for the disability caused by , for that caused by , and for that caused by

G. L. Rutter, Pres. F. W. Redeker, Sec'y. H. W. McReynolds, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(3504—300,000.) 6—552

Continue record of examination here.

habits - Hands are stiff and show no evidence of hard work. General appearance unhealthy and looks ten years older than his age. His age is also a disability -
Declarant is in our opinion totally disabled from earning a support by hand or manual labor by reason of rheumatism - heart disease - piles - old age and resulting general debility -

PENSION OFFICE U.S. DEC 21 1894

SURGEON'S CERTIFICATE

IN CASE OF

Co. E, 203 Regt Pa. Inf.

Applicant for Increase

No. 855,209

DATE OF EXAMINATION:

Dec. 19, 1894

Pres., Sec'y, Treas., } BOARD.

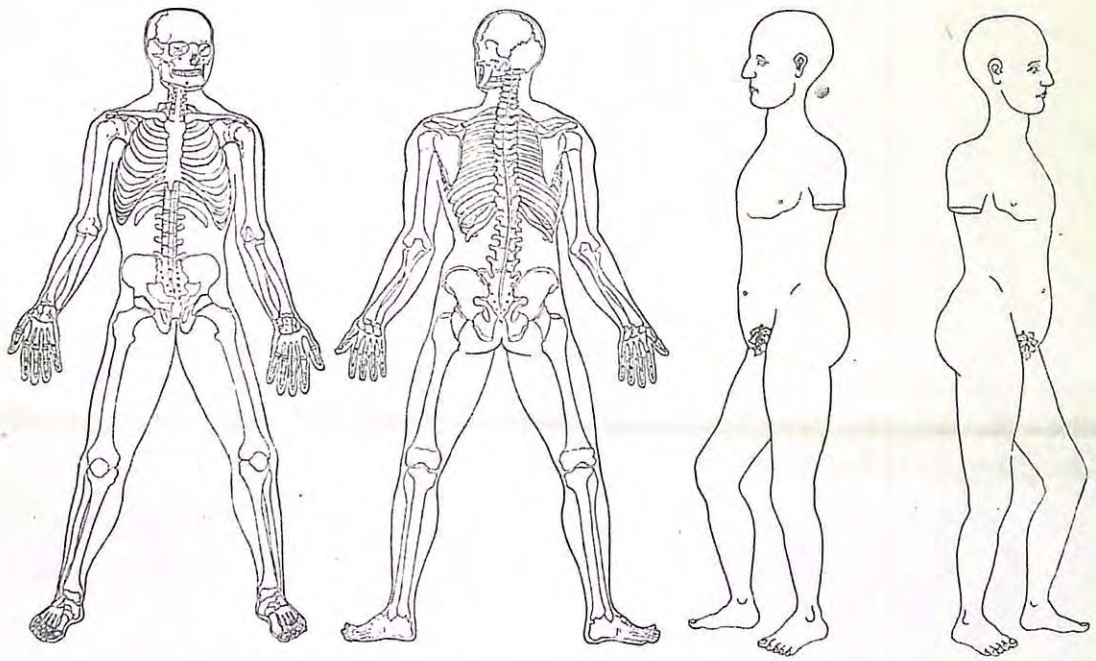
Post office, Allentown Penna

County, Lehigh

State, Pa.

P. S.—Write your Post-office address plainly and in full.

Nelson



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

No. 672,503-09

Chas. F. Kinsley

Claimant's Name.

Soldier's Name.

Co. F & A Reg't 203 Vols.

Co. Inf.

CHARACTER OF CLAIM

Increase Act

of June 27, 1890.

July 29, 1895.

Hon. Commissioner of Pensions,
Washington, D. C.

Dear Sir:

Claimant
was Examined
at D. C. 19, 1894
Please give
us the Status
of Claim.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

3–464.

Medical Div. Dec'd Ex'r.

Department of the Interior,
BUREAU OF PENSIONS.

Washington, D. C., Mch 18th 1896

Respectfully returned to the Record and Pension Division War Department for a furche. report giving Soldiers full Military and medical history. He alleges a prior service in Co. A 178 Pa Vol Infy from which he was discharged at Harrisburg Pa July 27 1863. dated Enlistment not known.

Ctf no 855 509
Charles F Kendig
Co F. 203 Pa Vol Infy.

[signature]
Commissioner.

(2 0—6579)

Address, "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Charles F Kendig
Co A 178 Reg't Pa Dfrd Vol Inf
was enrolled Oct 22, 1862,
and Mus Into 27, 1863,

From Enrmt, 186—, to Mus'd, 186—,
he held the rank of Pvt.

and during that period the rolls show him present ~~except as follows~~.

Charles F Kendig Co F 203 Pa Inf was enrolled Sept 7/64, and Mus June 22/65.
From Enrmt to Mus he held the rank of Pvt. and during that period the rolls show him present

The medical records show him treated as follows
No record found

Name Charles F Kendig has not been found on rolls of A 178, or F 203 Pa Inf

By authority of the Secretary of War:

[signature]
Colonel, U. S. Army, Chief of Office.

Washington, D. C. MAR 19 1896

(COMMISSIONER OF PENSIONS.)

(280)

U. S. PENSION OFFICE MAR 20 1896

RECORD & PENSION OFFICE
DATE 1322111
WAR DEPARTMENT

Ohio 855509

(3–145 b.) Act of June 7, 1890.

INVALID PENSION.

Claimant, Charles F. Kinzig

P. O., Van Camp

County, Columbia

State, Pa

Rank, Pvt

Company, F

Regiment, 203. Pa Vol Inf

Rate, $ ..... per month, commencing .....

REJECTED

Disabled by .....

RECOGNIZED ATTORNEY:

Name, J. B. Crall & Co

P. O., Washington D.C.

Fee $ 2, ... Agent to pay.

Articles filed ....., 189....

APPROVALS:

Submitted for ad March 23d, 1896

Approved for rheumatism and disease of heart and piles.

Chronic diarrhea & dyspepsia referred to Med. Ref. for rejection on ground of no disability under Act of June 27/90. Not formally alleged

April 7, 1896, Freeland, Legal Reviewer.

Dr Donnelly, Examiner.

Approved for Rheumatism, disease of heart and piles $8 - no increase

Rejd- Chronic diarrhea & dyspepsia no relative disability.

Coleman

May 14, 1896, Thos. Hutchinson Asst, Medical Referee.

Enlisted March 22 1862 & Sept 7th, 1864 Honorably discharged July 7 1863 & June 22 1865 Last paid to 8/3 at $ 8, for Rheumatism and disease of heart and piles

Not Pensioned under other laws at $ ....., for .....

ended X

Original declaration, act June 27, 1890, filed July 30, 1890; alleged diarrhoea piles & rheumatism

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 4th, 1893, alleges rheumatism heart disease & piles & diarrhoea & Dyspepsia

Atty. Monroe Colbrook

Middle Div.
Dft Ex'r.
No. 855 509
Charles F Kendig
Pvt
Co. 7203 Reg't Pa Inf
Return this with your reply.

3—078.

INVALID.

U.S. PENSION AGENCY 9631 6 1896 ADJUDG

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 24, 1896

SIR:

In the above-entitled claim, the testimony indicated in paragraph No. 1 & 2 *should be furnished.*

1. The affidavit of a COMMISSIONED OFFICER, first sergeant, or two enlisted men of claimant's company, setting forth when, where, and under what circumstances the alleged Chronic diarrhoea was contracted

Only in exceptional cases, when good reasons are shown for inability to furnish testimony of members of the claimant's own company, will affidavits of members of other companies be accepted.

2. The affidavit of the surgeon, or assistant surgeon, of claimant's regiment as to treatment for Same while in the service. It is desirable that the description of the disability should be, as far as practicable, in the handwriting of the surgeon

☞ *If claimant is unable to furnish any part of the testimony indicated, he should state the facts and reasons under oath.*

☞ Each witness must state his post-office address and means of knowing the facts to which he testifies.

☞ All erasures and interlineations in testimony must be certified to by the officer before whom the affidavit is executed—who may be any person authorized to administer oaths, his official character and signature being certified to under the seal of the proper officer.

This circular should be returned with your reply.

Very respectfully,

W. Lochren
Commissioner.

Charles F Kendig Co
Van Cowk
Pa

U.S. PENSION AGENCY 9631 6 1896 ADJUDG

6-1

3–079.

CALL FOR HISTORY OF CLAIMANT'S DISABILITY.

Middle Div.

Dept Ex'r.

No. 855509

C 7 Kendig

Co. 203 Reg't. Pa Vol

Return this with your reply.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 25, 1896

SIR:

In the above entitled claim for Invalid Pension the claimant is requested to state his place or several places of residence (actual post-office addresses—in cities, the names of streets and numbers), and what his occupation has been during the period from his discharge to the present time, giving approximately the dates of any changes in his residence. He should also give a full and circumstantial history of the origin of his disability, and its continuance from the time when it first appeared, mentioning all medical treatment which he has received, and the names and residences of his physicians, and which, if any of them, are deceased. He should also state whether at any time and for what period or periods, giving dates as nearly as possible, he has been prevented from following his usual occupation by reason of the alleged disability.

A prompt reply will facilitate the early settlement of your claim.

N. B.—Please have number of claim and name and service of soldier put on back of evidence filed.

Very respectfully,

W. Lochren

Commissioner.

Charles F. Kendig Co

Van Camp

Pa

0–4

Mich Div.
Del E.v'r.
No 855309
Charles F Kendig
Pvt
Co. F 203 Reg't. Pa Vol
Return this with your reply.

3—474.

INVALID.—Continuance of Disability.

STATE: Pa

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 25th, 1896

SIR:

In the above-entitled claim for pension the testimony indicated in paragraph No. 122 should be furnished—

1. The testimony of physicians who have attended claimant since the date of his discharge from the service, showing the history and degree of the disability from alleged Chronic Diarrhoea during each year, the dates and duration of all treatment administered, and a full description of the disability in all its phases.

It is especially important that the physician who first attended the claimant after his discharge from the service should state the date his atttendance commenced and claimant's condition at that time, especially if he then suffered from Diarrhoea

(The affidavit should be, as far as practicable, in the language and handwriting of the physician.)

2. If the claimant can not furnish the *testimony* indicated above, he should state the fact and reasons under oath, and furnish that of persons by whom he was employed, fellow workmen, or neighbors, showing what his physical condition was at the date of their first acquaintance, and what it has been each year since to the present time, and especially to what extent he has been incapacitated for obtaining subsistence by manual labor in consequence of Diarrhoea

The statement of the witnesses in regard to the manner in which the claimant was affected should be full and definite, setting forth the symptoms observed, in order that the medical officer of the Bureau may be enabled from such description of symptoms to determine the nature and character of the disability; and they should show how they obtained a knowledge of the facts to which they testify.

☞ **Each witness should state his post-office address.**

☞ The credibility of witnesses and all erasures and interlineations in testimony must be certified to by the officer before whom the affidavit is executed, who may be any person authorized to administer oaths for general purposes, his official character and signature being certified to under the seal of the proper officer.

This circular should be returned with your reply.

Very respectfully,

W. Lochren
Commissioner.

Chas F Kendig Esq
Van Camp
Pa

b—25 m

0-4

Oct 1 [illegible] 1896

(3—535.)

Middle Division.

Dr Donnelly Examiner.
(Write surname first plainly.)

No. 1855 509

(Class)

Soldier Charles F Kendig

F Co. 203 Reg't Penn

Submitted October 25, 96.

Freeland Reviewer, ____, 18 .

Re-submitted ____, 18 .

____ Reviewer, ____, 18 .

FROM BOARD OF REVIEW TO

Medical Div. ____

2d charge ____ REJECTED.

Examiner ____

2d charge ____

Sp. Ex. Div. ____

Misc. charges ____

____

Cert. Div. ____

Bd. of Rev. page ____

(Use this slip in re-submitting the case.)

6—217

Proof of Disability.

Note.—This affidavit must be executed by a Commissioned Officer, if possible, but, if not possible to secure such evidence then two of the soldier's comrades should testify.

State of Pennsylvania, County of Columbia, ss:

ON THIS Seventh day of April A. D. 1896, personally appeared before me, a Notary Public in and for the aforesaid County, duly authorized to administer oaths John Y Pleasant aged 70 years, a resident of Fishingcreek Twp, in the County of Columbia and State of Penna and ..... aged ..... years, a resident of ..... in the County of ..... and State of ..... who being duly sworn according to law, state that he is acquainted with Charles F. Kindig applicant for Invalid Pension, and know the said Clement to be the identical person of that name who enlisted or voluntered as a Pvt in Company F. 203d Regiment of Penna Vols., and who was discharged (Died or was discharged.) at Bally N. C. on or about the ..... day of June 1865 by reason of Close of The war (Insert here the reason of the soldier's discharge, if known; if not known, so state; or, if he died, so state.

That the said Charles F. Kindig while in the line of his duty, at or near Chapins Farm part of Richmond the State of Virginia did, on or about the ..... day of Oct or Nov 1864 become disabled in the following manner, viz:

That he was sick with Chronic Diarrhoea (Here state the time and place and manner in which the wound or other injury was received. Describe the wound or injury, the part of the body wounded or injured, and all the circumstances attending it. If sickness, state time and place when contracted, what caused it, the name of the sickness, and how it affected him.) and under Treatmt by army doctors for about Eight weeks during last Little Anty and That he continued to Suffer from said disabelity until his discharg and That he has resided in the neighborhood with him less than Two miles away ever since they Came out of The army and Knows That he has never been relieved of Chronic diarrhoea since and is Still Suffering with it and is not able to do more than one fourth The labor of an able bodyed man, but he is That the facts stated are personally known to the affiant by reason of Here state whether affiant was with the command at the time the claimant contracted his disability, or whether his knowledge was otherwise obtained. All the facts known to affiant relative to the soldier's medical treatment for his disability while in the service should be stated, giving time and place, if possible. very Poor and is Compelled To work To Support himself and Family which is Very large—he also Certifies That he Enlisted in and Mustered with said Clement and was in the same Company and Regt with him during his Term of Service and The fact That he Certifies above is derived from said intimacy with Clement as above Mentioned &c and That this is written by Daniel D. Yeany at Benton Col Co Pa from his own dictation and in his presence and That he was not aided or prompted by any written or printed statements or dictation or assistance from any other person and attested as an officer his full Christian name &c

PENSION APR 9 1896 U OFFICE

And deponent further state that he is well acquainted with the claimant, having known him for at least fifty and further, that his knowledge of the facts above stated are derived from said acquaintance, and from having served as past of Company F of the 203 Regiment of Pa. volunteers from the 7th day of Sept 1864 to the day of June, 1865. And deponent further state that the claimant was a sound and able-bodied man at and prior to enlistment, so far as he knew, and that totally disinterested in this claim.

Post office address of affiant is New Columbus Luzerne Co. Pa.

John G Allegar

If Affiants sign by mark, two persons who can write sign here *Signatures of Affiants*

State of Pennsylvania, County of Columbia, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words erased, and the words added and acquainted him with its contents before I executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is credible person. I further Certify that Affiant is a Credible person and so Considered in his Community

Official Signature

[L. S.]

Samuel S Haney Notary Public

Official Character

I, , Clerk of the County Court in and for aforesaid County and State, do certify that , Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this day of , 189.

[L. S.]

Clerk of the

☞NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of clerk of court is not necessary. If no seal is used, then such certificate must be attached.

ADDITIONAL EVIDENCE.

PROOF OF DISABILITY.

CLAIM OF

No.

FILED BY

For sale by J. H. SOULÉ, Washington, D. C.

State of Pennsylvania County of Columbia } S.S.

Personally appeared before me a Notary Public in and for said County Charles F. Kinsey Co F. 208th Penna Vols. Infty. aged 65 years a Resident of the Twp. of Fishingcreek County and State aforesaid who being duly sworn according to law declares as follows

That he is unable to furnish the evidence of a Physician as called for in paragraph 1 as to treatment since discharge as he was not treated by but one doctor for Chronic Diarrhoea viz Dr William Barret of Sambra and he is dead since his death has been declaring himself and that he is the happening more or less with said disability Constantly at times was than others, he also Certifies That he Cannot furnish the evidence of a Commissioned Officer nor first Sargent as he does not know anything about them They may be dead for all he Knows, and he has but one Comrade living in this Country that served in his Company viz John G Alger whos affidavit he incloses herewith, he says his Chronic diarrhoe first Came on to him Severely at or near The Chapins Farm in front of Richmond Va. in the fall of 1864 That he was under Care of the Doctors for eight weeks Continuously doing but little duty, I think The Dr and Brackets, and That he has suffered with this disease ever since and That he has always lived where he is at the present Time since he Came home from the army never moved or changed his Postoffice address except The Change in the name of the Postoffice from Camp to Bendersown near his home

He does not remember any other doctors names which he was treated by in the army and that he is not able to work more than one fourth of the time last he is poor and has to work to support his family which is big, Sixteen Children Eleven living at this time, he does not remember the names of Comrads and has in a manner lost all track of them &c Also that this is written by Samuel S Haney at Benton Col. Co &c. in his presence and from his own dictation and that he was not aided or prompted by any written or printed Memoranda or dictation from any other person and attached as an exhibit to his Testimony &c

Charles H Kirkley

State of Pennsylvania
County of Columbia } ss.

Sworn To and Subscribed before me this day by the Above affiant and I further Certify that I am in no wise interested in said case and not employed in its prosecution &c.

April 7th / 1896

Samuel S Haney

Notary Public

PENSION OFFICE APR 9 1896 U S

(3–526.)

Board of Review Division

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Apl 10, 1896

No. Claim,

Cert. No. 855509

Claimant, Charles F. Knidig

Soldier,

Co. F, 203d *Reg't* Pa Vol Inf.

Respectfully returned to Mr. M. Worter, Chief Sec.

Mr. Freeland, Rev'r

As I understand the present practice under act of June 27, 1890 a new disc. claim should not be rejected on medical grounds except upon the warrant of a medical opinion ~~previously~~ previously obtained.

Macauley, Rev'r

Chief of ____ *Division.*

O–n

(3—5000.)

April 13, 1896.

C No. 555.509

Claimant, Charles F. Kendig

Soldier, ...

..... Co. F 29th Reg't Pa. Vol. Inf.

Respectfully referred to Medical Referee, with the request that he state whether claimant is disabled in such a degree under Act of June 27/90 by rheumatism & disease of heart & piles (old) and diarrhoea & dyspepsia (new) as to entitle him to an increase. The new disabilities are not formally alleged.

[illegible] Reeland

Chief Board Division.

6—1896

Under Act June 27, 1890.

D & J

(3-217.)

INCREASE.

Claim to Incr.

No. 855,509

Charles F. Kleindig

P. O., Van Campsville

County, Columbia

State, Pa.

Application filed, May 4, 1893

State Service, Pri. Pa. 203"

& 178" Pa. Inf.

Nov. 26/94 = Atty's Ex. Bd.

at Harrisburg Penna.

Mch 18/96 Q & S

" 25/96 - Clerk's Ct. 62 and

229. for Offs & Seregs - and

Med Test 2 of Dr's & this

record

Disability, Orig. wound

Attorney, J. B. Estabrook,

P. O., Albany

ATTY FILED.

County, , State,

(Order 10 — 100 M.)

No. Ct. 855509

Charles F. Kinsley
Claimant's Name.

" " "
Soldier's Name.

Co. "F" 203d Reg't Pa. Vol. Vols.

CHARACTER OF CLAIM

Increase-Act of June 27/90.

May 29" 1896.

Hon. Commissioner of Pensions,
Washington, D. C.

Dear Sir:

We respectfully
invite attention to the
fact that claimant
was examined & Dec.
19" 1894 and request
early action.

We are, sir,
your obedient servants,
J. B. CRALLE & CO.

3–402.

Certificate No. [illegible]

Name, [illegible]

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

H. Clay Evans

Commissioner.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. yes Rachel Wessner Rachel Kindig

Second. When, where, and by whom were you married?

Answer. fifty seven December 31 Wm Goodrich orangville

Third. What record of marriage exists? Marage Certificate

Answer. Marage Certificat

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. no not Divorced nor

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Sue E Born October 14 1860 Wm T May 18 1868 Hon M Apr 18 170
M E Born March 4 1873 Curtis W Bor febroy 28 1875 Rus L May 29 1877
Clar R B Jan 18 1879 M E Bor January 11 1881 E A Sept 22 1883
Leroy C Born November 18 1885 N E Born Novem 10 1885 Three twins

Charles E Kindig
(Signature.)

Date of reply, May 14, 1898

0-8

5301b750m1-98

(3–011a.)

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Penna
County of Columbia } ss:

On this 13th day of Feb, 1900, A. D. one thousand ~~eight hundred and ninety~~-

personally appeared before me, a Justice of the Peace

within and for the County and State aforesaid, Charles F Kindig third, aged 69 years,

late a member of Co. F Regiment, 203 Vol.

a resident of the of Bendertown, County of Columbia

State of Pennsylvania, who being duly sworn according to law, declares that he is a

pensioner of the United States under the act of June 27, 1890, enrolled at the

Pension Agency at the rate of 8 dollars per month, by reason of partial inability to

earn a support by manual labor, his pension certificate being numbered 855.509

That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore

alleged, namely, Rheumatism, Disease of Heart and Piles

(Here insert the disabilities alleged in original and subsequent declarations.)

Also on account of Enlarged Prostate Gland and General Debility

(Here insert the disabilities not previously alleged.)

incurred at home since leaving army

(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)

Please send me before the Wilkes-Barre, Pa. board

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and

belief of a permanent character,

that he appoints ———, of ———

County of ———, State of ———, his true

and lawful attorney to prosecute his claim. That his post-office address is

County of , State of

Claimant's signature: Charles F Kindig

Attest: Samuel J Harrison

Bendertown

6-90

PENSION OFFICE U. S. FEB 15 1900

Also personally appeared Samuel J Harrison residing at Bendertown and Alfred Erwine, residing at Bendertown, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Charles F Kindig, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Samuel J Harrison
Alfred His mark X Erwine
(Signatures of witnesses.)

SWORN to and subscribed before me this 13th day of Feb, 1900, A. D. ~~189~~,

and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the

[L. S.] words —, erased, and the

words —, added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

James M Amerman
(Signature.)
Justice of the Peace
(Official character.)

Clerk's fee $1.00 paid Feb 17 1900 Kenova Dist. Court

(3—011a.)

CLAIM FOR INCREASE.

ACT OF JUNE 27, 1890.

Charles F Kindig, Applicant.
F Co., 2 W Va Regt., Co.,
Pvt Cav Vols.

(Pension certificate not required.)

Certificate No. 533.305

FILED BY

FEB 17 1900 DIVISION

201

THE POST-OFFICE ADDRESS (naming street and number in all large cities) of the applicant, attorney, and witnesses should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Bureau of Pensions or the pension agents should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

This declaration and any testimony in support of the allegations made therein may be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides.

6—900

Under Act of June 27, 1890.

(3-217a.)

INCREASE.

Claim to

No. 855509

Charles F. Kindig.

P. O., Bendertown

County, Columbia

State, Pa.

Application filed Feb. 15th, 1890.

State Service, F 203 Pa. Inf.

Wilkes Barre Pa 4 Bat. index to Clt. June 21-1900 - OC, JL

Disability,

Attorney, Claimant

P. O.,

County, , State,

(186-100m.)

JM

3—091.

Mid.

..... Div.

C. No. 8 5 5, 8 V 9 ..... Ex'r.

Co. F, 203, Reg't Pa Vols .....

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. June 27, 1900

SIR:

You are hereby directed to report in person for a medical examination to the Board of Examining Surgeons Dr Lenhams Office.

(St. and No.) 51 S Washington St,

Town Wilkes Barre.

County Luzerne, State Pa,

within three months from date hereof.

The Board meets at 10 Am, o'clock every Wednesday in each month.

Read the instructions on the back of this slip, and return it with the date of examination noted below by the secretary of the board making the examination.

Very respectfully, H. Clay Evans

Commissioner.

Claimant: Chas F Kiesig

P. O.: Bennettsville

Pa,

Attorney: .....

P. O.: .....

Examination made by

Dr. Davison .....,

Dr. Lenahan .....and

Dr. Merrill .....,

members of the Board, this June 27

....., 1900

F. P. Lenahan

Secretary.

0-16

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by Boards of Surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows:

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ..... the examining surgeons here present."

By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.

U. S. PENSION JUN 30 1900 OFFICE.

6-564

Act of June 27, 1890

3—100.

and all other dis-abilities and all results from.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. June 24 1901 ~~1900~~

Mr. Charles F. Rinehart

late a Private

Co. F *Regiment* Pa Vols

an applicant for Increase

Invalid Pension, No. 855,509

on account of disability from Chronic Diarrhoea & Dyspepsia, Enlarged Prostate Gland, & general debility

has been directed to report himself to you.

Very respectfully,

H. CLAY EVANS,
Commissioner.

Dr. F. P. Lenahan

Millers Bare.

Co. Luzerne Pa.

CLAIMANT'S POST-OFFICE ADDRESS:

Bennettown

(Columbia Co.)

Pa

N. B.—Read the inside of this circular before examining a claimant.

0-4

(EXAMINING SURGEON'S VOUCHER.)

3—100.

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

---

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned and each order of this character must be indorsed "*Claimant* failed to appear within the specified time."

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular **must be returned to this Bureau with your certificate of examination,** accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.

855509 Phila

Cert.# 855.509.

(3—145 b.)

Act of June 27, 1890.

Increase INVALID PENSION.

Claimant, Charles F. Kindig.

P. O., Bendertown,

County, Columbia

State, Pennsylvania

Rank, Private.

Company, F

Regiment, 203 Pa. Vol. Inf.

Rate, $ 10.00 per month, commencing June 27, 1900.

12

Disabled by Rheumatism, disease of heart, piles and senility.

RECOGNIZED ATTORNEY:

Name, —

P. O.,

Fee $ —, Agent to pay.

Articles filed ....., 189....

Mo. Bur.

APPROVALS:

Submitted for ad. Dec. 14th 1900, Saml. C. Kerr, Examiner.

Approved for rheumatism, disease of heart and piles (old) and enlarged prostate and general debility (new) alleged February 15, 1900.

Approved for rheumatism, disease of heart, piles and senility

Aggregate of disabilities shown, permanent in character: $ 10 from June 27 1900

Dec. 20, 1900, W. A. Paul, Legal Reviewer. Jan 2, 1901, [illegible], Medical Referee.

Enlisted Oct 22/62 Sept. 7th, 1864 Honorably discharged July 27/63 Jan 22 1865 Last paid to ....., at $ 8.—, for Rheumatism - disease of heart and piles - from July 30th 1890 -

No Pension under other laws at $ ....., for claim pending —

ended .....

Original declaration, act June 27, 1890, filed —, 189....; alleged .....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed July 15th 1900, alleges Increase pensioned causes - and enlarged prostate & senile debility.

No M.6.

Writes

3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase

Name of claimant. Charles F. Kindig

Pension Claim No. 855509

Address of Board. Wilkes Barre P. O. Pa. State.

[Rank.] Pr. 4 Company 203 Reg't Pa. Vol

Claimant's post-office address. Benderton, Columbia Co. Pa.

[Date of examination.] June 27, ~~189~~ 1902.

Cause of disability. Piles & Rheumatism

. He receives a pension of eight dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He makes the following statement upon which he bases his claim for increase [Original, increase, restoration, etc.]

Dis of heart, Piles, Rheumatism, chr. diarrhoea & Dyspepsia. Enlarged prostate gland and General debility & all other disabilities and all results found.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 64-70-80 [Sitting, standing, after exercise.], respiration, 24-24-28 [Sitting, standing, after exercise.], temperature, 98 3/5, height, 5 feet 8 inches; actual weight, 125 pounds; age, 68 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Rheumatism — chr. articular rheumatism of right shoulder joint. Muscles & tendons of joint, atrophied & contracted 1/4 degree — limitation of motion 1/4 degree — crepitus on motion — tender and painful to touch. Chronic articular rheumatism of right knee joint — atrophy & contraction of muscles & tendons 1/4 degree — limitation of motion 1/4 degree. Chronic muscular rheumatism of lumbar region — muscles & tendons atrophied & contraction 1/4 degree — limitation of motion 1/4 degree. Except as above stated no evidences of rheumatism in any other muscle or joint of body.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Rating 1/6

Disease of Heart — Area of cardiac dulness increased. Apex beat in sixth intercostal space and one inch left of normal. Rhythm irregular & intermitting. Heart's action feeble. Mitral regurgitant murmur. Hypertrophy with ~~slight~~ dilatation. Ankle oedema, cyanosis & dyspnoea on exertion.

Rating 12/18

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Piles — Hemorrhoidal vessels in — planed, ulcerated & bleeding. One external tumor 1/2 inch in diameter. One internal hemorrhoidal tumor 1/2 in diameter — ulcerated & bleeding. Rectum prolapsed 1/2 inch.

~~Chronic Diarrhoea~~ Rating 6/18

Chronic Diarrhoea. Skin sallow. Tongue

A. G. Davison, Pres. F. P. Lenahan, Sec'y. E. W. Meixell, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3—111 *g*) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. A. G. Dawson, Dr. H. P. Lenahan, and Dr. O. W. Mansfield, were personally present and actually participated in the examination of Charles F. Hindig, the claimant in this case, on 27 day of June, ~~18~~ 1900.

(Signature.) H. P. Lenahan

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 18 ."

(Signature.) .....

SURGEON'S CERTIFICATE

IN CASE OF Charles F. Hindig

Co. F, 203 Reg't Pa. Vol.

APPLICANT FOR Increase

No. 855509

DATE OF EXAMINATION: June 27, 1900.

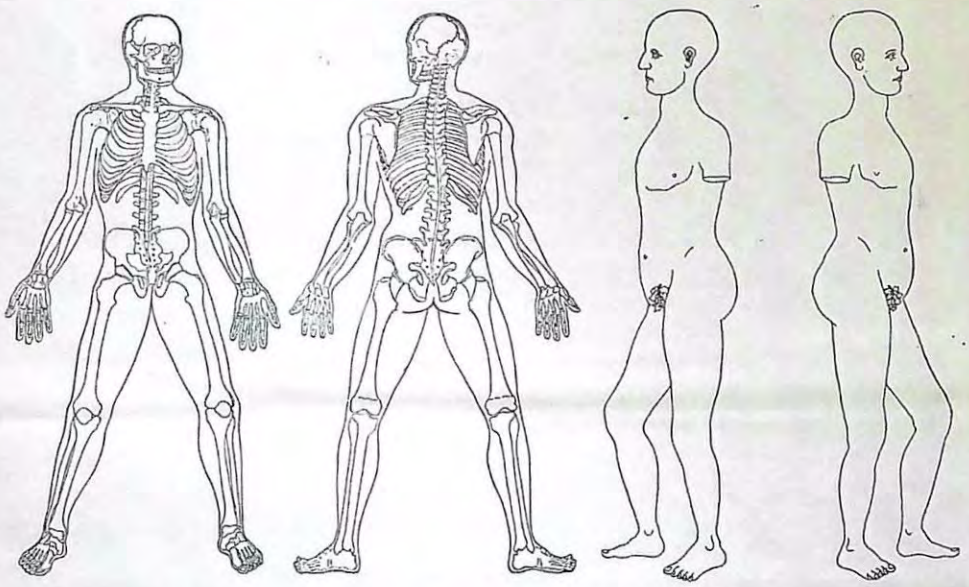
A. G. Dawson, Pres.,
H. P. Lenahan, Sec'y,
O. W. Mansfield, Treas.,
} BOARD.

Post office, Wilkes Barre

County, Luzerne

State, Pa.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim. Increase

Name of claimant. Charles F. Hindig.

Pension Claim No. 855509

Pa. [Rank.], Company 203 Reg't Pa. Vol.

Bendertown, Columbia, Pa.

Wilkes Barre, Pa.

[Date of examination.] June 27, ~~188~~ 1900

EXAMINATION—Continued.

Injured & Issued. Some tenderness over

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim. Increase Pension Claim No. 853-509

Name of claimant. Charles F. Knidig, Wilkes Barre, Pa.

Pa. [Rank.] F, Company 203 Reg't Pa. Vol. Bendertown, Columbia, Pa.

[Date of examination.] June 27, ~~1900~~ 1900

EXAMINATION—Continued.

furred & fissured. Some tenderness over liver region. Rectum inflamed, ulcerated & bleeding. Has about one attack monthly lasting about two days and 12 stools in each 24 hours. Attributes attacks to overworking

Rating 6/10 +

Dyspepsia — Tongue furred & fissured. Tenderness in epigastrium. Pain & distress after meals. Fermentation of food & eructation of gases. Occasional vomiting

Rating 6/10 +

Enlarged Prostate — Applicant claims he has to arise 12 & 15 times at night to micturate. Prostate enlarged to twice normal size

Rating 4/18

General Debility — Applicant emaciated & anaemic. Muscular system flabby. General muscular tremor of upper extremities. Arcus senilis. Atheroma of arteries. Palms of hands do not show result of recent labor.

Rating 12/18

No history of vicious habits

Except as above described all organs are normal

J. J. Davison, Pres. F. R. Lenahan, Sec'y. E. W. Meisell, Treas.

6—552

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. C. G. Dawson, Dr. H. P. Lenahan, and Dr. E. W. Mizpell, were personally present and actually participated in the examination of Charles F. Hinds, the claimant in this case, on 27 day of June, ~~18~~ 1900.

(Signature.) H. P. Lenahan

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 18 ."

(Signature.) .....

SURGEON'S CERTIFICATE

IN CASE OF

Charles F. Hinds

Co. F, 203 Reg't Pa. Vol

APPLICANT FOR Increase

No. 655509

DATE OF EXAMINATION:

June 27, 1900

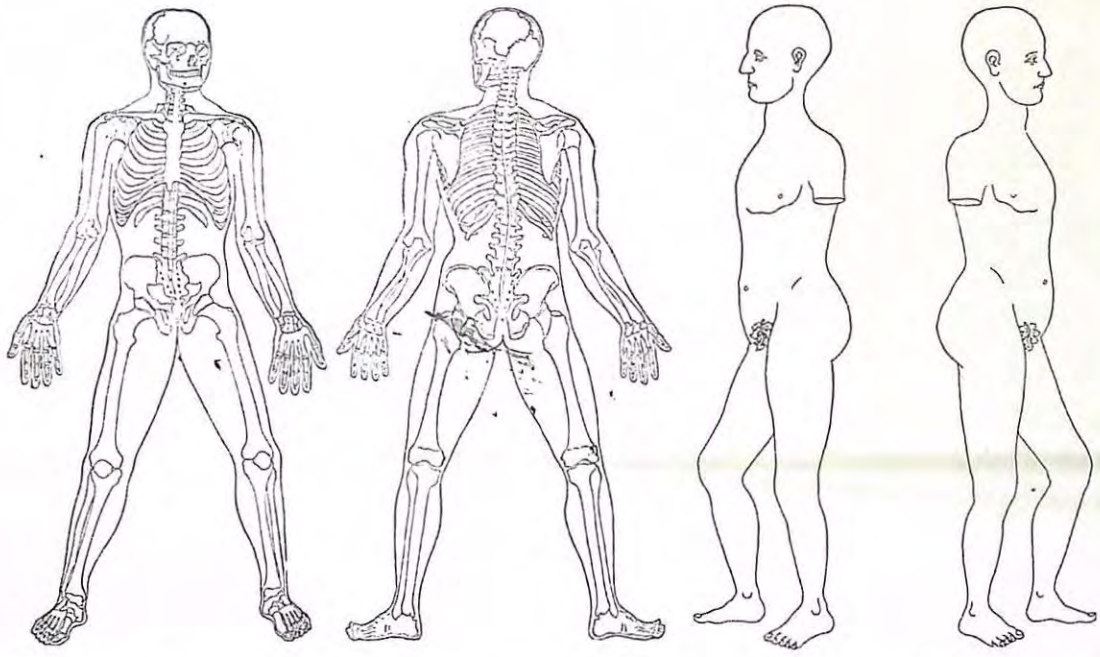
C. G. Dawson, Pres.,
H. P. Lenahan, Sec'y,
E. W. Mizpell, Treas.,
} BOARD.

Post office, Wilkes Barre

County, Luzerne

State, Pa.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—532

Bindertown, Penn.
Jan. 19, 1901.

Dear Sir;

I received your blank this week. I had the blank filled out and sent it without any name to it so I will now send it again.

I was drafted Oct, 21, 1862. Served nine months.

I was discharged June, 1863. 178 Regiment Company C. Infantry.

Reinlisted 1st - Sept. 7, 1864. Served to the end of the war. Private, 203, regiment. Company F. Discharged June, 1865. The letter that he sent before was sent Jan. 17, 1901.

Charles F. Kindley.
Bendertown,
Col Co
Penna.

RECORD
JAN
24
1901

PENSION
JAN
21
1901
U. S.
OFFICE.

3–463.

BUREAU OF PENSIONS

April 4, 1902

W. O. No. 974,265,

Soldier, Chas. F. Kinsley

Co. F, 203 Reg't Pa. Vol. Inf'y

When Certificate is issued, return papers to Chief Clerk

Division for action on

See Slip

Wm. H. Lamb
Pr

3—004.
(Old No. 3—011a.)

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Pennsylvania }
County of Columbia } ss:

On this 15th day of Nov, A. D. one thousand nine hundred and Two

personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Charles F Kundig, aged 71 years, late a member of Co. F, 203 Regiment, Penna Vol a resident of Bendersville, County of Columbia State of Pennsylvania, who being duly sworn according to law, declares that he is a pensioner of the United States under the act of June 27, 1890, enrolled at the Philadelphia Pension Agency at the rate of Ten dollars per month, by reason of partial inability to earn a support by manual labor, his pension certificate being numbered 655.509.

That he believes himself to be entitled to an increase of pension on account of the following-named disabilities, to wit: Diabetis Heart-trouble Diabetis is of about-
(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)
one year standing, and general disability

PENSION OFFICE. U. S. NOV 18 1902

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief of a permanent character

That he was not employed in the military or naval service prior to the 21st of Oct, 1862

That he has not been employed in the military or naval service since June, 1865

Jan 1862 was in the 178 R P V. discharged July 1863.
(Here state what the service was, whether prior or subsequent to that stated above, and the dates at which it began and ended.)
Jan 1864 Enlisted in 203d R P V.

That his post-office address is Bendersville,
County of Columbia, State of Penna

Chas F Kundig
(Claimant's signature.)

Attest: (1) A. M. Breneling.
(2) A F Breneling

Also personally appeared A M Creveling, residing at Van Camp's
and A F Creveling, residing at Van Camp's, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Charles F Kinsley, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him of 30 years and 15 years respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

A. M. Creveling.
A F Creveling
(Signatures of witnesses.)

Sworn to and subscribed before me this 15th day of Nov, A. D. 1902
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the
[L. S.] words ..... erased, and the
words ....., added; and that
I have no interest, direct or indirect, in the prosecution of this claim.

Record Division.
[illegible] Creveling.
May 6 1895 May 7 1900
2.

L M Creveling
(Signature.)
Justice of the Peace
(Official character.)

To be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

ACT MAY 9, 1900.
3—004.
(Old No. 3—011a.)

CLAIM FOR INCREASE.

Act of June 27, 1890.

No. [illegible]

Name: Charles F Kinsley
Service: Co A 203 Pa Inf
A 178 Co A 5
Cert 853,509

FILED BY

NOV 29 1902
DIVISION

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

Claim to .....

No. 655609

Charles F. Kindig

P. O., Bunkertower

County, Columbia

State, Penn.

Application filed Jan. 18, 1902

State Service,

F. - 203. Pa. Inf. V

A. - 178. Pa. Inf.

Jan. 30/03. Claimant Ex. Bd

Danville Pa. Th. E. H. Ex.

Disability,

Attorney, Claimant

P. O.,

County, ..., *State*, ...

(186-100m.)

MM.

A. & N. S.

MIDDLE DIV.
NOV 29 1902
RECEIVED

Act of June 27, 1890.

MIDDLE 3--340. (Old No. 3—100.) W. E. H.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Jan. 30, 1903.

Dr. P. C. Newbaker, Secretary.

Danville

Co. Montour, Pa. (State.)

Sir:

Mr. Charles F. Kindig

P. O. Bendertown

Co. Columbia, Pa. (State.)

late a Private

Co. F, 203. Regiment Pa. Inf. (State.)

an applicant for Increase

Invalid Pension No. 855,509.

has been directed to report himself to you for examination on account of disability from rheumatism, disease of heart, piles and senility also diabetis and general debility.

Examine Wards 4 & 1903

SEE INSTRUCTIONS OF JUNE 27, 1890, as amended by Act June 27, 1890, as amended by Act May 9, 1900.

PENSION U. S. APR 29 1903 OFFICE.

PENSION MAR 26 1903 U. S. OFFICE.

Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

E. F. WARE,
Commissioner.

0-1 0-2

MIDDLE Div. Act of June 27, 1890.
3—338.
(Old No. 3—091.)

W. E. H.

Department of the Interior,

BUREAU OF PENSIONS,

WASHINGTON, D. C. Jan. 30, 1903.

Cert No. 835,509

Mr. Charles F. Kindig

Co. F, 203, Regiment Pa. Inf.
(State.)

P. O., Bendertown

Co., Columbia, Pa.
(State.)

You are hereby directed to report in person for a medical examination to the Board of Examining Surgeons

(St. and No.) 202, Ferry, St.

Town, Danville

County, Montour, State, Pa.

within three months from date hereof.

The Board meets at 10 o'clock A.M.

Every Wednesday in each month.

Read the instructions on the back of this slip, and return it with the date of examination noted below by the secretary of the board making the examination.

Very respectfully,

E. F. Ware

Commissioner.

Examination made by--

Dr. E. A. Curry

Dr. P. Grier Barker, and

Dr. P. C. Neubaker

members of the Board, this 18th day of March, 1903

P. C. Neubaker

Secretary.

Attorney: None.

P. O:

6—123

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by Boards of Surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows:

"I,....., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr.....

..... and Dr. .....

the examining surgeons here present."

By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.

PENSION OFFICE MAR 20 1903 D.C.

WASHINGTON MAR 21

6—123

Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Army Pension Claim No. 855,509

Name of claimant. Charles F. Kirkpatrick

Claimant's post-office address. Ord. F. Company 203 Reg't. Pa. Inf.

Address of Board. Danville P. O. Montour Co. Pa. State.

March 18th, 1903. [Date of examination.]

Cause of disability. Rheumatism, disease of heart, piles and senility also diabetes and general debility

He receives a pension of Ten dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: He has had rheumatism from knees down also in shoulders ever since his army service. Has had symptoms of disease of heart viz weakness and shortness of breath after exertion for past 10 years. Has had piles ever since his army service. Has not been able to do any work for a year past. Has been troubled with frequent acute copious urination for a year past.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Columbia Co. Pa.; age, 71 years; height, 5 ft. 5½ in. weight, 127 pounds; complexion, Florid, color of eyes, Gray; color of hair, White; occupation, Carpenter; permanent marks and scars other than those described below; None

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 96 98 114 [Sitting, standing, after exercise.]; respiration, 22 22 30 [Sitting, standing, after exercise.]; temperature, 98.4°;

Here give a full description of the disabilities, in accordance with Book of Instructions. Tongue is pale and fungous and pharynx and soft palate are moderately congested

Percussion and auscultation indicate the lungs to be healthy

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated. Heart's action is frequent and irregular in rhythm and also irregularly intermittent and is accompanied by a short soft regurgitant systolic murmur. Maximum intensity of apex impulse is located 1 in to left and 1 in below left nipple noticeable to auscultation palpation and inspection. Area of cardiac dulness is 1½ in in diam through point of impulse. There is neither oedema nor cyanosis but there is some dyspnoea on exertion. There is cardiac dilatation with hypertrophy and accompanying mitral insufficiency

Liver and spleen are not enlarged. Abdomen is somewhat retracted and flabby

Rectum is somewhat relaxed and hemorrhoidal veins are somewhat dilated and there is a hemorrhoid (external) on anterior margin of anus about the size of a filbert and three internal hemorrhoids each about the size of a grain of coffee; they are not inflamed, ulcerated or bleeding

There are no swellings of joints or contractions of muscles or tendons nor stiffness nor limitation of motion of any of the joints as results of rheumatism discernable and there is no crepitation on motion of any of the joints evident

Urine is almost colorless neutral reaction sp. gr. 1005 and contains neither albumen nor sugar. Frequent urination alleged is caused by prostatic hypertrophy. Prostate is enlarged to about 3 times its normal

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Wm. Mathers, Pres. D. C. Nastelbaker, Sec'y. E. A. Curry, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—156, 3rd p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

(Old No. 3—111*g*.)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim. Increase Army Pension Claim No. 855,509.

Name of claimant. Charles F. Kindig

(Pvt. F, Company 205, Reg't Pa. Inf.
[Rank.]

March 16th, 1905.
[Date of examination.]

EXAMINATION—Continued.

size and is very much indurated.

There is some muscular tremor of hands and forearms noticeable and general appearance and movements indicate that the debility of age is an additional cause of disability.

Nutrition is somewhat impaired. Except as above described no disability of any kind exists.

We find that the aggregate permanent disability for earning a support by manual labor is due to disease of heart, pile and debility of age and warranty a rate of $12.

It is our opinion that disabilities described are not due to venereal disease or vicious habits.

Glenn Barber, Pres. P. C. Neuhaus, Sec'y. E. A. Leamy, Treas.

6—552

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. ....., Dr. ....., and Dr. ....., were personally present and actually participated in the examination of ....., the claimant in this case, on ..... day of ....., 190 ."

(*Signature.*) .....

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 190 ."

Witnesses to mark. .....

.....

(*Signature of Applicant.*) .....

SURGEON'S CERTIFICATE

IN CASE OF

Co. ....., Reg't. .....

APPLICANT FOR .....

No. .....

DATE OF EXAMINATION: ....., 190

Pres., ...
Sec'y, ... BOARD.
Treas., ...

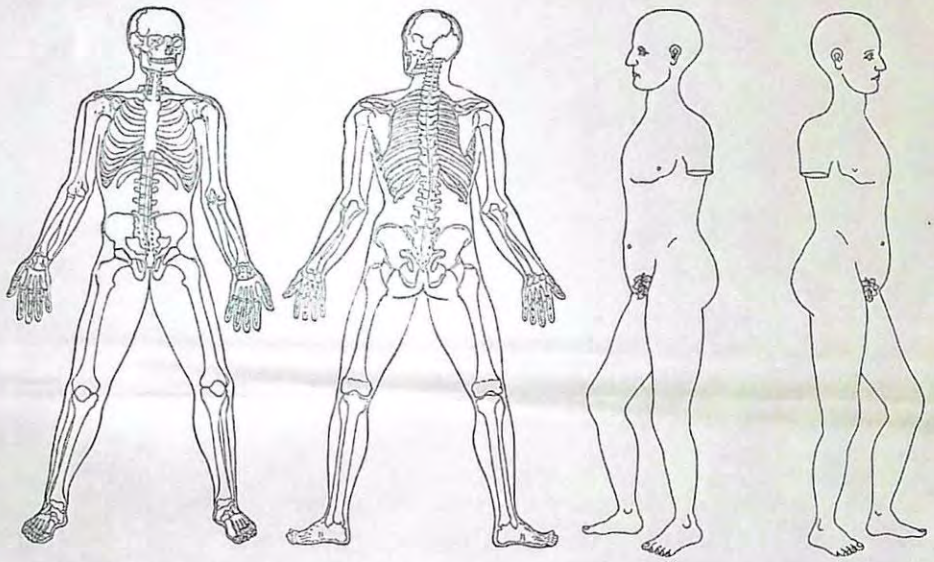
Post office, ...

County, ...

State, ...

P. S.—Write your Post-office address plainly and in full.

RECEIVED MAR 26 1903 U. S. PENSION AGENCY



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

(Old No. 3—1Mg.)

SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim. Increase Army Pension Claim No. 856,509

Name of claimant. Charles F. Kinsley

Post Ft, [Rank.] Company 2 C., Reg't Pa. Inf

March 18th, [Date of examination.] 190 3

EXAMINATION Continued.

Sight and is very much indurated.
There is some muscular tremor of hands and face
& endurance and

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. E. A. Cuny, Dr. D. Grier Barber, and Dr. P. C. Neubaker, were personally present and actually participated in the examination of Charles F. Kundig, the claimant in this case, on the 18th day of March, 1903."

(Signature.) P. C. Neubaker Sec

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. ..... and Dr. ....., the examining surgeons here present (waiving examination by full board), on this ..... day of ....., 190 ."

Witnesses to mark. .....

.....

(Signature of Applicant.) .....

PENSION OFFICE APR 29 1903

PENSION OFFICE MAR 28 1903

MAY 1 1903

SURGEON'S CERTIFICATE

IN CASE OF

Charles F. Kundig

Co. F, 203 Reg't Pa. Vol.

APPLICANT FOR Increase

No. 855509

DATE OF EXAMINATION:

March 18th, 1903

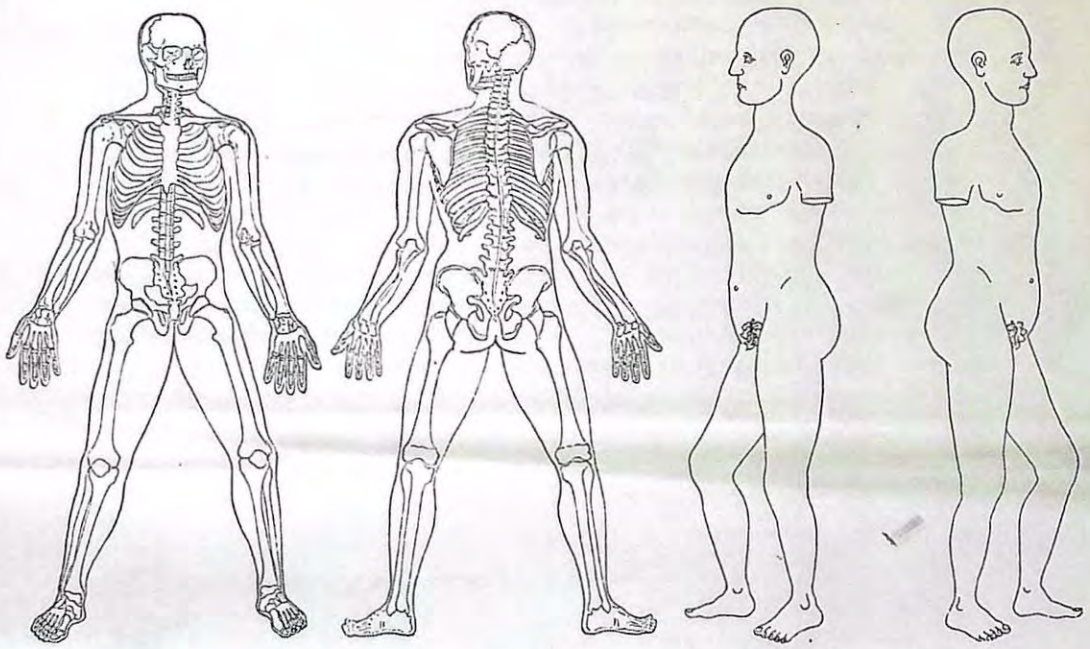
A. Grier Barber, Pres.,
P. C. Neubaker, Sec'y,
E. A. Cuny, Treas.,
} BOARD.

Post office, Dawnville

County, Montour

State, Penna.

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

MEDICAL DIVISION.

3—151.
(Old No. 3—516.)

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., April 21, 1903

DOCTORS:

Please amend or complete the attached certificate, complying fully with the requests made below, and return without unnecessary delay.

SAM HOUSTON,
Medical Referee.

Is there any evidence of venereal disease or other indications of vicious habits? Please see paragraphs 68 94+97 Instructions of 1902.

DMB

6450b20m12-02 0-4

grains of coffee; they are not inflamed, ulcerated or bleeding.

There are no swellings of joints or contractions of muscles or tendons nor stiffness nor limitation of motion of any of the joints as results of rheumatism discoverable and there is no crepitation on motion of any of the joints evident

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Urine is almost colorless neutral reaction sp. gr. 1005 and contains neither albumen nor sugar. Frequent urination alleged is caused by prostatic hypertrophy. Prostate is enlarged to about 3 times its normal

Wm. Greenbaum, Pres. P. C. Nicholson, Sec'y. E. N. Lowry, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—156, 2—111 p.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

3—357.
(Old No. 3—145 b.)

Cer No. 855,509.

ACT JUNE 27, 1890.

Increase INVALID PENSION.

Claimant, Charles F. Kindig,

P. O. Bendertown, | Rank Private,

County Columbia, | Company F.

State Pennsylvania | Regiment 203 "Pa. Vol. Inf.

Rate, $ ..... per month, commencing .....

Pensioned for ..... inability to earn a support by manual labor

No RECOGNIZED ATTORNEY. REJECTED J.E.N. 8/31/03

Name ..... | Fee, $ .....

P. O. ..... | Agent to pay.

APPROVALS.

Submitted for admission August 29, 1903 J. E. Nelson, Examiner.

Approved for rheumatism, disease of heart, piles and senility (Old) and diabetes and general debility (New) allegd November 18, 1902; also enlarged prostate gland, formerly allegd

Approved for rheumatism disease of heart, enlarged prostate and senile debility

Aggregate of disabilities shown, permanent in character: $ 10

no increase

August 21, 1903 J. M. Dew Legal Reviewer.

Eastern Dw. Re-Reviewer.

J. Morrison Medical Examiner.

Nagle, Surg. Medical Reviewer.

Aug 29, 1903 Jas. Houston, Medical Referee.

Enlisted October 22" 1862, honorably discharged July 27" 1863

Enlisted September 7" 1864, honorably discharged June 22" 1865.

Pensioned at $ 10 per month. Last paid to .....

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed November 18" 1902, alleges diabetes, disease of heart and general disability.

Claimant does ——— write.

Certificate not filed.

No M. C.

0-1

DECLARATION FOR INCREASE OF AN INVALID PENSION.

Acts of June 27, 1890, and May 9, 1900, and order of Commissioner of Pensions promulgated March 16, 1904.

State of Pennsylvania }
County of Columbia } ss:

On this 29th day of April, A. D. one thousand nine hundred and four, personally appeared before me, James M. Zimmerman a Justice of the Peace within and for the County and State aforesaid, Charles Kindrick, aged, 73 years, a resident of Bendertown, County of Columbia, State of Pennsylvania, who being duly sworn according to law, declares that he is a pensioner of the United States under the Act of Congress approved June 27, 1890, by Certificate number 855,509, and duly enrolled at the Philadelphia Pension Agency, at the rate of Ten dollars per month, having served in the Military service of the United States
(State whether military or naval.)
Co F 203 Reg P.V. Infantry
(State company and regiment, or other organization, if in the Army; and rank and vessel, if in the Navy.)

and was HONORABLY DISCHARGED, after a service of at least 90 days during the War of the Rebellion; that his present physical condition is such that he believes himself entitled to receive an increased rate under the provisions of the Act of June 27, 1890, and under Act of May 9, 1900; and the order above referred to he having attained the age of 72 years and now suffers from Many Disabilities Heart Trouble, Chronic Diarrea, Rheumatism
(Here state the name or nature of each disability with which you are afflicted.)
and Other Diseases

all of which are permanent in character, and not due to vicious habits.

He hereby appoints with full power of substitution and revocation,

Taber & Whitman Co.,

of Washington, D. C., his true and lawful Attorneys, to prosecute his claim.

That his Postoffice address is Bendertown, County of Columbia, State of Penna

Charles F. Kindrick
Signature of claimant.

PENSION OFFICE. U. S. MAY 2 1904

Also personally appeared Samuel J. Harrison, residing at Bendertown, and Jennie Ammerman residing at Yorks, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Charles Kindrick, the claimant, Signs his Name

(Name of claimant.) (Sign his name or make his mark.)

to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

S J Harrison

Jennie Ammerman

Signatures of witnesses to identity of applicant.

Two witnesses to signatures of identifying witnesses sign here, when either of them signs by mark.

(1) S J Harrison

(2) Jennie Ammerman

SWORN TO AND SUBSCRIBED before me this 29th day of April A. D. 1904 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses, before swearing thereto, including the words ——?

(If any words have been erased in the application, enter them here.)

[L. S.] ——— erased, and the words ———

(If any words have been added in place of any erased, enter them here.)

added; and that I have no interest, direct or indirect, in the prosecution of this claim, and am not concerned in its prosecution.

James M Ammerman

(Signature of magistrate.)

Justice of the Peace

Official character.

My Com Expires May 1906

☞ The officer before whom this declaration is executed must be sure and note in his certificate all erasures and interlineations as indicated above.

Certificate No. 855509 File

INVALID.

Claim for Additional Pension.

ACTS OF June 27, 1890, and May 9, 1900, and Order of March 16, 1904.

Charles Kindrick Applicant

Co. F Reg't. 203

Vs

Enlisted A 178 Pa Inf

Discharged

RECEIVED JUN 9 1904 EAST DIV.

FILED IN

Taber & Whitman Co., Attorneys,

LOCK BOX 425 G. WASHINGTON, D. C.

RECORD DIVISION MAY 4 1904

Under Act of June 27, 1890.

(3-1639.)

INCREASE.

78

Cert. No. 855,509,

Charles F. Kendig,

P. O., Bendertown,

County, Columbia,

State, Pa.

Application filed May 2, 1904

Service, F, 203 Pa. Inf.

A, 178 Pa. Inf.

Attorney, Taber & Whitman Co.,

P. O., Washington,

County, ..., State, D. C.

(181 room.)

Attorney Filed.

Son

W.

cav 855509 Phila

3–357.

Cer. No. 855509

ACT JUNE 27, 1890.

Increase

INVALID PENSION.

Claimant, Charles F Kindig

P. O. Bendertown

County Columbia

State Pennsylvania

Rank Private

Company F

Regiment 203 Pa Vol Inf

Rate, $ 12 per month, commencing May 2, 1904

Pensioned for total inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name Tabor & Whitman Co

P. O. City

Fee, $ 2

Agent to pay.

APPROVALS.

Submitted for Act June 27 1904 J. Kennedy, Examiner.

Approved for Total inability to earn a support by manual labor
Age 70 years
Rate $12 per month

July 1, 1904 H. Denton, Legal Reviewer.

July 5, 1904 F. R. Kelley Re-Reviewer.

Approved for

Medical action not required

Aggregate of disabilities shown, permanent in character: $

Medical Examiner. Medical Reviewer.

, 190 , Medical Referee.

Enlisted Oct 22, 1862; honorably discharged July 27, 1863

Enlisted Sept 7, 1864; honorably discharged June 22, 1865

Pensioned at $ 10 per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed May 2, 1904, alleges Age – Order 78

Claimant does write.
Certificate not filed.

No M. C.

3–014.

ACT OF FEBRUARY 6, 1907.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Pennsylvania
County of Columbia } *ss.*

On this 18th day of February, A. D. one thousand nine hundred and Seven, personally appeared before me, a Justice of the Peace within and for the county and State aforesaid, Charles F Kindig, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Beaverstown county of Columbia, State of Pennsylvania; and that he is the identical person who was ENROLLED at Beaverstown under the name of Charles F Kindig, on the 27th day of October, 1862, as a Private, in Company A 178 Regt P V.
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Harrisburg, on the 27th day of July, 1865. That he also served Prior Thereto 205th P V Co A Artl was discharged at Raleigh North Carolina on the 22d day of June 1865.
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5' feet 8" inches; complexion, Dark; color of eyes, Blue; color of hair, Dark; that his occupation was Carpenter; that he was born August 6th, 1841, at Fishingcreek P O

That his several places of residence since leaving the service have been as follows:
Beaverstown P O
(State date of each change, as nearly as possible.)

That he is Now a pensioner. That he has ..... heretofore applied for pension
855509
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is Forks R F D 1, county of Columbia, State of Pennsylvania

Charles F Kindig
(Claimant's signature in full.)

Attest: (1) M Ernest Bushline
(2) C A Bolich

Also personally appeared M Ernest Bushline, residing in Beaverstown and C A Bolich, residing in Beaverstown, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Charles F Kindig, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 15 years and 10 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

M Ernest Bushline
C A Bolich
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 18th day of February, A. D. 1907, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words ....., erased, and the words ....., added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

L M Caroline
(Signature.)
Justice of the Peace
(Official character.)

Term of Office Expires May 1st 1911

6—8013

3–014.

ACT OF FEBRUARY 6, 1907.

CLAIM FOR PENSION.

Certificate No......

Name, ...

Service, ...

.....

.....

INSTRUCTIONS.

This form may be used for original pension or increase of pension.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

RECEIVED DIVISION MAR 2 1907

APR 29 1907

AN ACT

GRANTING PENSIONS TO CERTAIN ENLISTED MEN, SOLDIERS, AND OFFICERS WHO SERVED IN THE CIVIL WAR AND THE WAR WITH MEXICO.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

That any person who served ninety days or more in the military or naval service of the United States during the late civil war, or sixty days in the war with Mexico, and who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll, and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years, twelve dollars per month; seventy years, fifteen dollars per month; seventy-five years or over, twenty dollars per month; and such pension shall commence from the date of the filing of the application in the Bureau of Pensions after the passage and approval of this Act: *Provided*, that pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special act: *Provided*, that no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided, further*, that no person who is now receiving or shall hereafter receive a greater pension under any other general or special law than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act.

APPROVED: *February 6, 1907.*

6—803

22/33 NK/201

3—1647.

Act of Feb. 6, 1907.

Cert. 855,509

Name, Charles F. Kindig

Application filed Feb. 20, 1907

Service, D. 178 Pa. Inf.

F 203 Pa Inf ✓

0-2

m

E.W.K

3—437.
(Old No. 3—248.)

CLAIM NO.....

Examiners are required to keep the unimportant papers in this wrapper.

PAPERS NOT BRIEFED.

I certify that the inclosed papers are of no value in determining the merits of this claim.

....., *Examiner.*

DISCHARGE CERTIFICATES, POWERS OF ATTORNEY, AND CONTRACTS FOR FEES NOT TO BE INCLOSED.

3–364.

Original No. .....

Certificate No. 855509

Reissue

ACT OF FEBRUARY 6, 1907.

Claimant, Charles F. Kindig

P. O., R.F.D. #1 Forks | Rank, Private

County, Columbia | Company, F

State, Pennsylvania | Regiment, 203 Pa. Vol. Inft

Rate, $ 20 per month, commencing February 20, 1907.

RECOGNIZED ATTORNEY.

Name, ...

P. O., ...

APPROVAL.

Submitted for Adm., May 10, 1907, N. N. Hill, Examiner.

Approved for Admission,

Age over 75,

Rate $20 per month,

Reissue to admr. under Act of February 6, 1907. Deduct subsequent payments & drop name from rolls under Act of June 27, 1890.

May 17, 1907. Chas. Linnell (Legal Reviewer.) May 18, 1907. O. Ellis (Re-Reviewer.)

Enlisted Oct. 22, 1862 honorably discharged July 27, 1863

Enlisted Sept 7, 1864 honorably discharged June 22, 1865

Enlisted ....., 18 : honorably discharged ....., 18

Pensioned at $ 12.00 per month, under Act June 27, 1890.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed February 20, 1907.

Date of birth alleged, August 3, 1831.

Age shown by evidence ..... 75 ..... years.

Claimant does ..... write.

Ell Sawtell No, M. C.

6—810

Declaration for Widow's Pension.

Act of April 19, 1908.

☞NOTE.—This paper can be sworn to before any officer authorized to administer oaths for general purposes. If such officer uses a seal, Certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached. If certificate is on file in Pension Office, THAT WILL ANSWER.

State of Pennsylvania, County of Columbia ss:

On this 24th day of October 1911 A. D....., personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, Rosa Kinsley (Claimant's name here.), aged 73 years, a resident of Bloomsburg, Ent-, County of Co[illegible]a State of Penna, who, being duly sworn according to law, makes the following declaration for the purpose of being placed on the pension roll of the United States under the provisions of the *Act of April 19, 1908.*

That she is the widow of Rosa F. Kinsley (Soldier's or Sailor's true name here.), who was enrolled (Enrolled or commissioned.) under the name of Charles F. Kinsley (Name he enlisted and served under.) at Scranton on the 7th day of September 1864, as a Private in Co F 203d Reg't. (Here state Rank, Company, and Regiment, if in the Military Service; or Vessel if in the Navy.) and served at least *ninety* days during the *War of the Rebellion* in the service of the United States and was honorably discharged on the 22 day of June 1865, and who died at Fishing creek, on the 22d day of October, 1911

That she was married under the name of Rosa Wenner (Former name of claimant here.) to said soldier at Orangeville on the 31 day of [illegible], 1866, by Revd Goodrich; that there was no legal barrier to the marriage; that she had not (Or had not) been previously married; that the soldier had not (Or had not) been previously married.

If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.

That she has not remarried since the death of said soldier.

That the said soldier left the following-named children now under sixteen years of age, to wit:

....., born....., 18.....; ....., born....., 18.....; ....., born....., 18.....; ....., born....., 18.....

If the soldier left no children the claimant should so state.

That she has not (Or has not) heretofore applied for pension..... If prior application has been made, the number thereof.

Sworn to and subscribed before me this ..... day of ..... A. D., 19 11,

and I do hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words .....

..... erased, and the words .....

..... added; and that

I have no interest, direct or indirect, in the prosecution of this claim.

Executing Officer's
[L. S.]
Seal here.

L M Creeling
Official signature.

Term Expires Dec 17/11 Justice of the Peace
Official character.

READ.

An Act To increase the pension of widows, minor children and so forth, of deceased soldiers and sailors of the late civil war, the war with Mexico, the various Indian wars, and so forth, and to grant a pension to certain widows of the deceased soldiers and sailors of the late civil war.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled, That from and after the passage of this Act the rate of pension for widows, minor children under the age of sixteen years, and helpless minors as defined by existing laws, now on the roll or hereafter to be placed on the pension roll and entitled to receive a less rate than hereinafter provided, shall be twelve dollars per month; and nothing herein shall be construed to affect the existing allowance of two dollars per month for each child under the age of sixteen years and for each helpless child; and all Acts or parts of Acts inconsistent with the provisions of this Act are hereby repealed: *Provided, however,* That this Act shall not be so construed as to reduce any pension under any Act, public or private.

SEC. 2. That if any officer or enlisted man who served ninety days or more in the Army or Navy of the United States during the late civil war and who has been honorably discharged therefrom has died or shall hereafter die, leaving a widow, such widow shall, upon due proof of her husband's death, without proving his death to be the result of his army or navy service, be placed on the pension roll from the date of the filing of her application therefor under this Act at the rate of twelve dollars per month during her widowhood, provided that said widow shall have married said soldier or sailor prior to June twenty-seventh, eighteen hundred and ninety; and the benefits of this section shall include those widows whose husbands if living would have a pensionable status under the Joint Resolutions of February fifteenth, eighteen hundred and ninety-five, July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six.

SEC. 3. That no claim agent or attorney shall be recognized in the adjudication of claims under the first section of this Act, and that no agent, attorney, or other person engaged in preparing, presenting, or prosecuting any claim under the provisions of the second section of this Act shall, directly or indirectly, contract for, demand, receive, or retain for such services in preparing, presenting or prosecuting such claim a sum greater than ten dollars, which sum shall be payable only upon the order of the Commissioner of Pensions by the pension agent making payment of the pension allowed; and any person who shall violate any of the provisions of this section or who shall wrongfully withhold from the pensioner or claimant the whole or any part of a pension or claim allowed or due such pensioner or claimant under this Act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for each any every such offense, be fined not exceeding five hundred dollars or be imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

Approved April 19, 1908.

☞ If you desire to apply under above Act, fill, swear to, and return this paper to us direct. If you have an application pending in the Pension Bureau, fill, swear to, and return this application and it will give us a Power of Attorney in your claim.

Respectfully,

J. B. CRALLE & CO.

---

26 W.C. 855,509

A-7 Old-age

To WIDOW'S PENSION

Act of April 19, 1908.

MRS. Rachel Wingfield

WIDOW OF Ephraim T. Wingfield

LATE T IN CO. 203 REG'T, Pa Inf.

OF ..... VOLS.

FILED BY

J. B. CRALLE & CO.,

Claim & Pension Attorneys,

CRALLE BUILDING,

WASHINGTON, D. C.

RECEIVED
MAY 1 1911
CLAIM DIV.

the service on which it was based, and the name of the soldier should be stated.

~~She hereby appoints~~

~~J. B. CRALLE & CO.~~

(~~Their successors or legal representatives~~)

~~Pension Attorneys, Cralle Building, 108 C Street, N. W., Washington, D. C.~~

~~her true and lawful attorneys to prosecute her claim.~~

That her post office address is Jones, County of Cumberland

State of

ATTEST: Emanuel Bogart

H. C. Whitaker

Two persons who can write, sign here.

Rachel Her F. Kundig

Claimant's Signature.

RECEIVED PENSION OFFICE U. S. OCT 31 1911

Also personally appeared Emanuel Bogart, residing at Fishing Creek Tuck, and H C Britain residing at Fishing Creek Tuck, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw Hannah Rundle, claimant sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with her for 18 years, and 12 years, respectively, that she is the identical person she represents herself to be; and that they have no interest in the prosecution of this claim.

Emanuel Bogart

H C Britain

Signatures of Wi

gc W. O. 974, 265

3—798.

DROP ORDER AND REPORT.

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS,
FINANCE DIVISION.

Washington, D. C., NOV 8 - 1911 *191*

Charles F. Kindig.
(Pensioner.)

855,509
(Certificate number.)

ACT FEBRUARY 6, 1907.
(Class.)

(Soldier.)

Pr., F, 203 Pa. Inf.
(Service.)

U. S. Pension Agent,

Philadelphia,

SIR: You are hereby directed to drop from the roll the name of the above-described pensioner who died Oct. 22, 1911.

L. Stillwell
Acting *Commissioner.*

REPORT.

Commissioner of Pensions.

SIR: The name of the above-described pensioner, who was last paid at $ 20— per month to August, 1911, has this day been dropped from the roll of this agency.

Elmer Loveley.
U. S. Pension Agent.

NOV 20 1911, 191

6—833

FINANCE DIVISION
NOV 11 1911
BUREAU OF PENSIONS

PENSION
NOV
U. S.
1911
OFFICE.

HP

O.J.B.

November 16, 1911.

Civil War Division.
Mid. Orig. 974,265,
Rachel Kindig,
Charles F. Kindig,
Co. A 176 Pennsylvania Vol. Inf.

Mrs. Rachel Kindig,

Forks, Pennsylvania.

Madam;

Your above entitled claim for pension requires the best obtainable evidence, record under seal if possible, showing the date of your marriage to the soldier, and the date of his death; also the testimony of two credible persons having the requisite knowledge, showing whether you lived with the soldier from the time of marriage to him until his death, if not, whether you were divorced.

Very respectfully,

J. L. Davenport Jr.

Commissioner.

1

Civil War Invalid
Wid. Orig 974 265
Rachel Kindig
Charles F Kindig
Co A Pennsylvania Vol. Inf

Commissioner

The date of my marriage to Charles F Kindig was the 31st day of December 1857. at Orangeville by Revd Wm Goodrich. And we lived together up to the time of his death the 22d day of October 1911.

Rachel her X Kindig mark

Also came before me Elias Yost and A.W. Richart Men of good repute and veracity who being duly sworn according to Law doth depose and say that they have known that Charles F Kindig and Rachel Kindig lived together as man and wife since the date of their marriage.

Elias Yost (L.S.)
Ashbel W. Richart (L.S.)

Sworn and Subscribed before me This 20th day of Nov 1911.

L M Creveling
My term expires Dec 4th/11

PENSION
NOV
21
1911
U. S.
OFFICE.

FORM V. S. No. 32.—5M-9-12-10.

No. 14334

This is to Certify, that the following is a true and correct copy of a certificate of death, filed in the Bureau of Vital Statistics, Department of Health, as directed by the Act of Assembly, approved May 1, 1905.

Clarence Wolf

(State Registrar.)

March 23, 1912
(Date.)

Form V. S. No. 5.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 101490

Registered No. 84

1. PLACE OF DEATH.
County of Columbia
Township of Fishing Creek
or Borough of
or City of
Registration District No. 416
Primary Registration District No. 2531
(No. ..... St. ; ..... Ward.) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Charles F. Kindig

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.): Married
6. DATE OF BIRTH: August 3 (Month) 1831 (Day) (Year)
7. AGE: 80 yrs. 2 mos. 19 ds. If LESS than 1 day how many ..... hrs. or ..... min.?
8. OCCUPATION
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry business, or establishment in which employed (or employer)
9. BIRTHPLACE (State or Country): Pa

PARENTS
10. NAME OF FATHER: Charles F. Kindig
11. BIRTHPLACE OF FATHER (State or Country): Pa
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (State or Country): "

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) E. A. Kindig
(Address) Wilkes Barre Pa

15. Filed Nov. 10 1911 A. B. McHenry Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct 22 (Month) (Day) 1911 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 2 1911, to Oct 22 1911,
that I last saw him alive on Oct 21 1911,
and that death occurred, on the date stated above, at 7.30 A. M.
The CAUSE OF DEATH* was as follows.

Uremia Arterial Sclerosis
from old age
(Duration) yrs mos 3 ds.
Contributory (SECONDARY) Fell, injuring hip, etc
(Duration) yrs. mos. ds.

(Signed) M. J. Van Horn M. D.
Oct 22 1911 (Address) Town Hall

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS).
At place of death ..... yrs ..... mo ..... ds. In the State ..... yrs ..... mos ..... ds
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19. PLACE OF BURIAL OR REMOVAL: St. James
DATE OF BURIAL: Oct 25 1911
20. UNDERTAKER: E. P. Chapin
ADDRESS: Fishing Creek

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

PENSION
MAR
30
1912
U. S.
OFFICE

Forks March 11 1912

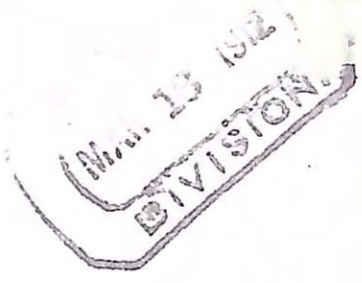
Mr Stellwell

Dear Sir

Please answer by Return
of Mail Why the Wid. Mrs
Chas F Kindig of Co or
Rgt 203 Penn'a inft
of Nov 15 1911
are not in receipt from
Gov's Fund.
D. F. Harrison
Forks Penn

R. F. D. No 1

PENSION
D
MAR
12
1912
U. S.
OFFICE.


DIVISION.

C. 203.

HGP

March 15, 1912.

Civil War Division.
Wid. Orig. #974,265,
Rachel Kindig,
Charles F. Kindig,
Co. F 203 Pennsylvania Vol. Inf.

Mrs. Rachel Kindig,

Forks, Pennsylvania.

Madam;

In response to the communication of S. J. Harrison, of the 11th instant, received the 12th, you are advised that your above entitled claim for pension requires the best obtainable evidence, record under seal if possible, showing the date of your marriage to the soldier, and the date of his death.

You are further advised that the joint affidavit of Elias Yost and Ashbel Richard, filed November 21, 1911, tending to show marriage and date of soldier's death, is not satisfactory on these points, for the reason that the affiants do not state the date of marriage, nor the date of the soldier's death, and your unsupported statement is not sufficient to establish the fact and date of your marriage to the soldier, and the date of his death.

Very respectfully,

Ivan L. Davenport.

Commissioner.

C

Bureau of Pensions.

Charles F. Kinsley
per
F 208 Pa Ave

(10374—200,000.)

BOARD OF REVIEW.

No. .....

Name .....

When certificate or letters of rejection shall have been mailed, send case to desk of the Chief of Division for return of personal papers. See order below.

T. W. DALTON,
Chief, Board of Review.

CHIEFS OF DIVISIONS:

It is a matter of frequent complaint on the part of claimants and others that personal papers filed in claims for pension, either directly with the office or through special examiners, are not returned to them after final action has been taken, as requested.

Photographs, personal letters, family bibles, and other matter which have served their purpose as evidence, are almost without exception retained in the cases after they have gone to the admitted or rejected files, notwithstanding the fact that a request for the return of this peculiar class of evidence is in the case.

Special examiners find it particularly embarrassing in the conduct of their work, because they frequently have to give their personal guarantee that a certain paper, believed by them to be of importance in the case, will be returned to the individual when it has served its purpose as evidence.

In order that such matter may be promptly returned to the owners, it is hereby directed that in all such cases the legal reviewer shall attach a slip to the face of the brief, directing that after the certificate or letters of rejection shall have been mailed, the case shall be sent to the desk of the Chief of Division, who will, when necessary, cause a copy of the evidence or paper to be made, compared, and placed in its proper place in the case in lieu of the original.

Commissioner.

P. W.
D. 3

Pension claim
No. 974265
Widow of
Chas. J. Kindig.
Co. A. 178 Reg Penna Vol

CIVIL WAR
MAR 30 1912
DIVISION.

Forks, Pa. Mar. 28, 1912.

U.S. pension department.
Washington D. C.

Please return
Marriage certificate to Mrs. Chas J. Kindig
Forks, Pa.

Respectfully
H. L. Creasy

PENSION
MAR
U. 30 S.
1912
OFFICE.

O.J.B

CIVIL WAR
APR 11 1912

Wid Cf. 740,036.
Rachel Kindig,
Charles F. Kindig.
F. 203. Pa. Vol. Inf.

Marriage Cf. returned, shows:
Mr. Charles F. Kindig
and Miss Rachel Kennedy.
Married.
December 31, 1857.
By. H. Goodrich
Minister of the Gospel.

No Names of witnesses shown.

F. A. Harfield
(Sd. E)
Chief of Civil War Division

RGP

9 98

April 11, 1912.

Civil War Division.
Wid. Cef. #740,036,
Rachel Kindig,
Charles F. Kindig,
Co. F 203 Pennsylvania Vol. Inf.

Mrs. Rachel Kindig,

Forks, Pennsylvania.

Madam;

Your above entitled claim for pension under the Act of April 19, 1908, and for the accrued pension due at the date of the soldier's death, invalid certificate Number 855,509, having been allowed, your marriage certificate is herewith returned.

Very respectfully,

[illegible] DAVENPORT

Commissioner.

3—367.

Wid. 6. No. 974265

ACT OF APRIL 19, 1908.

WIDOW'S PENSION.

war 740036

Claimant, Rachel Kindig,

P. O., Forks,

County, Columbia; State, Pennsylvania.

Soldier, Charles F. Kindig

Rank, Private; Co. F.

Regiment, 203, Pennsylvania Vol. Inf.

Rate, $12 per month, commencing October 31 1911, ~~and $2 additional for each child, as stated below:~~

All pension to terminate ....., 1....., date of .....

Payments on all former certificates covering any portion of same time to be deducted.

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

..... { Born, ... } Commencing .....
{ Sixteen, ... }

no RECOGNIZED ATTORNEY.

Name, ...

P. O., ...

Fee, $.....; Agent to pay.

APPROVALS.

Submitted for adm, 191...; O. J. Briggs, Examiner.

Approved for Admission under Act of April 19, 1908.

April 4, 1912 W. M. K. Cobb, Reviewer.

April 4, 1912 W. R. H. Alexander, Reviewer.

The soldier was ..... pensioned at $ 20 per month for act February 6 1907

Enlisted,	October 22, 1862	Soldier's application filed	April 24, 1888
.....honorably disch'd,	July 27, 1863	Clt's app'n under other laws,	none, 1.....
Reenlisted,	September 7, 1864	Former marriage of	neither, 1.....
.....honorably disch'd,	June 22, 1865	Death / Divorce of former	none, 1.....
Died,	October 22, 1911	Clt's marriage to soldier,	December 31, 1867
Declaration filed,	October 31, 1911	Clt ~~was~~ remarried,	no divorce, 1.....

Claimant does not write. 6—2210 ....., M. C.

3–438 Cert. 853509

Act February 6, 1907.

Phila. 2 Bfs

ACCRUED PENSION

Class Invalid

Pensioner Charles F. Kindig

Date of death October 22, 1911 Certificate is not filed.

Claimant Rachel Kindig Widow,
Forks
Columbia County,
Pennsylvania.

Attorney

Address none

The fee of $ allowed on issue of
to
of to be paid when
payment is made on accrued.

CIVIL WAR

Submitted adm, 19, O. J. Briggs, Examiner.

Approved for Admission
Pay to widow as above

W. McK. Cobb, Reviewer, April 4, 1912.

O. R. H. Alexander, Rereviewer, April 4, 1912.

M. C. none Claimant does not writes

6–511

Stillwater, Pa. 10-24-16

U. S. Pension Office,

Washington D. C.;

In the matter of Rachel Kindig for increase of pension under act of Congress of Sept. 8-16

Said Rachel Kindig is 77 years of age and her critificate No is 740 036, And her Post Office address is Stillwater, Pa, R.D. 1 and is desirous of securing said increase under said act;

Resp

Rachel Kindig

Per

Attorney

3-1661

OF THE INTERIOR,
OF PENSIONS,
E DISBURSING CLERK,
INGTON, D. C.
DELIVERED IN TEN DAYS.

2944820

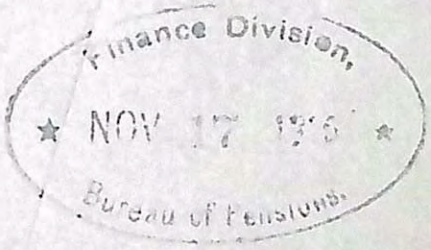
WASHINGTON, D.C.
NOV 3
6 - P.M.
1916

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE

Report by Post Master, Stillwater, Pa,
Died October 23rd 1916

TO THE POSTMASTER:

The Act of August 17, 1912, prohibits the delivery of this letter to any person if the addressee has died or removed, or being a widow, is believed to have remarried; and postal regulations prohibit its delivery if the pensioner has reenlisted in the military or naval service of the United States, and require its return forthwith in any such case with a statement of the reasons for so doing, and if on account of death, remarriage or reenlistment, the date thereof if known.


Finance Division,
NOV 17 19[illegible]
Bureau of Pensions.

AUG 4 1916 13

PLATE DESTROYED

NOV 9 1916

To the Chief, Finance Division:

You are hereby notified that check #2944820 for $ 36 00/100

dated NOV ... in favor of
post-office RACHEL KINDIG
Certificate # STILLWATER PA
740036 ACT APR
R R 1

Class Act April 19, 1908

Section 5 has been returned to this office by the Postmaster with the information that the pensioner died Oct 23, 1916 and said check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk.

(D-3)

W

3—1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

NOV 18 1916 191

Certificate No. 740,036

Class Act of April 19, 1908

Pensioner Rachel Kindig

Soldier Charles F. "

Service F. 203 Pa Inf

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at $12, to Aug 4, 1916 has this day been dropped from the roll because of death Oct 23, 1916

Very respectfully,

A.D. Crawford

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

6—2249

FILE CHARGE CARD

NAME Kinsley

S. O.

S. C.

W. O.

W. C. 740.036

Charged out of file.

To	Date	By
428 Cong.	MAR 5 - 1935	
H.R.	3-8-35	

Vet. Adm. Form 3052